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University of Durham



Sport Action Zones: Empowering Local Communities? The Regional Manifestation of a National Initiative

Submitted by

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Thesis Submitted for the Degree of Doctor of Philosophy

06 OCT 2008

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2007



ABSTRACT

In response to the Social Exclusion Unit's Policy Action Team 10 (1999), Sport Action Zones (SAZs) were launched in 2000 as Sport England's attempt to create an effective and sustainable sporting infrastructure in areas of high economic and social deprivation, ensuring more equitable participation in sport (Sport England, 2003a). Such an initiative was supported by the firm belief that although sport and physical activity could not in themselves prevent or eradicate social exclusion (Pitter and Andrews, 1997), they were one potential means of positively affecting health, education and crime (PAT 10, 1999; Farrell and Shields, 2002; Sandford et al., 2006). It is essential to adopt a holistic approach that concentrates on those problems experienced by individuals engaged in a physical activity intervention (the context), rather than the intervention itself. This is a consequence of the fact that any quest to abolish dimensions of social exclusion will involve a plethora of complex associations and factors which create a myriad of outcomes (Coalter et al., 2000). Using hybrid grounded theory as the theoretical underpinning, this study investigated over three years (2002-2005) the implementation of four projects within the Wear Valley SAZ in the north-east of England: Walking the Way to Health; Community Physical Activity Coordinators; Positive Futures; Modern Apprentices. Adopting an internal relative ontology and a subjective epistemology, case study methodology was employed in conjunction with participant observation, questionnaires, focus groups and interviews. Key themes emerged from the qualitative analysis of data, facilitating a deeper understanding of the strengths and weaknesses of the Sport Action Zone, and of the individuals who engaged with it. The Wear Valley SAZ was seen to positively impact upon health, education, and crime. Nevertheless, the extent of this contribution to social inclusion was limited as it failed to adequately engage with those at greatest risk of social exclusion. Sport Action Zones have the potential to contribute significantly to social inclusion in areas of high socioeconomic deprivation, but this impact will be determined by the extent of consideration given to both the context within which the intervention is to exist and the potential mechanisms responsible for change. Moreover, to be successful, any such intervention must (at the design stage) be cognisant of the interrelationships between: physical activity determinants, notions of empowerment, attitude towards physical activity, and sustainability of participation. These are fundamental intervention precursors required to maximise those positive impacts upon health, education, and crime. Furthermore, as the complexity of the multiple risk factors associated with social exclusion inevitably lead to delays in affecting significant change, allowing time to address individual risk factors will increase the probability of creating a more effective and sustainable sporting infrastructure, particularly in areas of high socioeconomic deprivation.

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ACKNOWLEDGEMENTS

I would like to express my sincerest gratitude and thanks to my supervisors, Dr Peter Warburton and Dr Mike Waring, for all your help, support, guidance and patience over the past five years. It has been a somewhat undulating experience, but you have always been there to provide advice and encouragement when needed, and to pick me up whenever things got that bit too much. Special thanks to Barbara Millns and all those involved in the Wear Valley Sport Action Zone for entrusting me with the evaluation of such an important and worthwhile initiative. I am truly grateful for all your help and support throughout.

My thanks also to all the staff at the House of Sport, in particular Gillian Skellett, Martin Roderick, Albert Potts, and Emma Poulton, for your pearls of wisdom, cups of tea, and most of all for lending me a shoulder to cry on. You helped to give me the strength and determination I needed to finally finish my thesis!

To my housemates of Highwood View, Rachel Slater, Rachel Roberts, and Amy Smith: you really have been absolute godsend, there for me through thick and thin. I could not have done it without you and I will always remember the great times we shared together! Also, to Yvette Dennis and Lucy Nicholas: despite the fact that we live hundreds of miles apart, you have always been there for me, and for that I am forever grateful. Thank you for always being at the other end of the phone, and for your fantastic hospitality whenever I chose to gatecrash! You truly are great friends! I would like to extend my thanks to Anna Dempster and Ellie Sharpe. I could not have wished for two better friends than the friends I have in you! When everyone else was graduating around me, you gave me the encouragement I needed to keep going!

A special thank you to Danny Newcombe for all your help, support, patience, and understanding during the final and most stressful stages of my writing. You have been amazing.

Above all I would like to thank my family, and in particular my mum and dad for supporting me throughout my somewhat lengthy education – if it were not for you I would not be where I am today. Thank you mum for making me get on that train to Durham all those years ago! It was the best thing I ever did.

CHAPTER 1 – INTRODUCTION

1.1 The Aim of the Project

Sport Action Zones (SAZs), launched in 2000, were an initiative introduced by Sport England to create an effective and sustainable sporting infrastructure in areas of high economic and social deprivation, ensuring more equitable participation in sport (Sport England, 2003a). In other words, they were an attempt to determine and meet the sporting needs and wants of the local community in which they were based, to ensure that everyone had the same opportunities to participate in sport and physical activity regardless of socioeconomic background. Sport Action Zones have a people rather than facility orientated approach and aim to find new and innovative ways of working to develop new partnerships that will benefit sport in the future. As such, it was hoped that they would demonstrate how sport could make a contribution to wider social and economic well-being, providing examples of good practice in partnership working at a neighbourhood level that may influence the future development of community planning (Sport England, 2001). Hence, SAZs are presumed to be a means by which sport can be a leading player in the regeneration and social inclusion agenda. For these reasons the main aim of this research was to establish suitable methods of data collection in order to provide an effective and comprehensive evaluation of the Wear Valley SAZ. An effective evaluation should determine whether the intended outcomes set in the initial and ongoing stages of the initiative were achieved (outcome evaluation) and highlight the mechanisms responsible for such outcomes (process evaluation). It is the latter that affects the ability to make



generalisations from the research findings, an issue discussed in greater detail throughout the thesis.

The monitoring and evaluation process, undertaken by means of a case study project, endeavoured to determine the extent to which the SAZ was successful in widening participation in deprived areas with regard to physical activity and sport. Evaluation of the zone from the outset allowed for:

- 1) Analysis and implementation of the data collected from the initial community appraisals and household surveys to be used as baseline information.
- 2) Identification of areas of weakness within the project.
- 3) Identification of key data and information that were not being collected.
- 4) Informed development of the Action Plan throughout its lifetime by focussing on both outcome and process evaluation.

To summarise, the main aim of the Wear Valley SAZ evaluation research can be compartmentalised into the following four objectives:

- 1) To monitor and evaluate the development and progress of the Wear Valley SAZ in relation to the national targets and performance indicators established by Sport England (outcome evaluation).
- 2) To monitor and evaluate the Wear Valley SAZ projects in relation to local performance indicators and outcomes (outcome evaluation).
- 3) To inform the SAZ of its progress on an on-going basis, and inform the future delivery of projects (process evaluation).
- 4) To provide a qualitative critical analysis of the success and impact of the Wear Valley SAZ in terms of evidencing whether it has created an effective and

sustainable sporting infrastructure, and widened participation in areas of social and economic deprivation (process and outcome evaluation).

1.2 Limitations

A limitation has been defined by Thomas and Nelson (1996: 57) as ‘a possible shortcoming or influence that either cannot be controlled or is the result of the delimitations imposed by the investigator.’ Thus, related to a limitation is a delimitation. This differs slightly in that it is ‘a limitation, imposed by the researcher, in the scope of the study, a choice the researcher makes to affect a workable research problem’ (Thomas and Nelson, 1996: 57). Such delimitations by the researcher may serve to impact adversely on issues of validity, reliability and generalisability. Thus, the researcher must take care when considering which methodology to employ. Implementation of thorough methodology will however, serve to reduce the possibility of deficiencies and therefore enhance the validity of results (Thomas and Nelson, 1996).

Nevertheless, limitations are an unavoidable feature of all forms of research. In fact, one of the major limiting factors to occur in a study would be if the researcher failed to acknowledge all possible limitations. Thus, although there will always be weaknesses in a piece of research, the researcher must be aware of these and do all in their power to counteract or curtail the effects of avoidable constraints. To simply ignore the limitations of each possible methodology would imply that the researcher may not have chosen and implemented the most appropriate methodology for the specific research problem in question, as there is no way of knowing whether the advantages and disadvantages of each research strategy were adequately considered.

Thus, this would adversely impact upon the validity and reliability of the entire research project rendering it erroneous and inconsistent.

One of the most difficult aspects of undertaking social research is the issue of working with human beings. Moreover, there are issues regarding subject complexity, observational difficulties (especially subjectivity), measurement tools used, and also any ethical or legal considerations that arise as a result of the kind of research that is being undertaken. Although Sarantakos (1994) believes social research to offer reliable and verifiable knowledge regarding the social world, he also acknowledges that the application of research findings is limited and dependent on numerous social and academic issues. These may include factors of a political, methodological, academic or economic nature. For example, research findings may be deliberately concealed or recommendations not adhered to so as not to harm the interests of an individual or organisation. Furthermore, it is possible that different researchers will study the same problem but obtain contradictory results or draw differing conclusions. This automatically raises issues of validity and reliability and results are therefore open to exploitation by individuals or groups with a vested interest in the particular research topic. In addition, there is a ubiquitous conflict between researchers of extreme polar paradigmatic and ontological standpoints, whereby the perception is that qualitative and quantitative methodologies assume differing perceptions of reality and thus are incapable of being combined for the purpose of research. Therefore, there is a real issue of what is true and what is not, what is right and what is wrong. What can one believe to be trustworthy evidence? Finally, in terms of economics, social research is resource intensive, demanding considerable amounts of time, expertise and personnel and thus, the availability of such factors may be limiting to

the research itself. To substantiate these claims, Gratton and Jones (2004) also highlight that the experience and ability of the researcher is of fundamental importance in the research process. In addition, research findings are often considered on the merit of their economic significance and may only be realised (in terms of publications) if they are perceived to be of economic interest to such groups (Sarantakos, 1994).

1.3 Thesis Structure

Chapter 1 paves the way for the bulk of the thesis by providing a general description of what a SAZ entails and the ostensible reasons for the initiation of this particular piece of research, along with the aims of the project. Given the theoretical underpinning of this study (grounded hybrid theory), there were no preconceived hypotheses. Rather, the theory arose as a result of the research undertaken and resultant findings. This is typical of emergent theory. Naturally there are limitations to all forms of research and these are also touched upon in the primary chapter. This comprehensive introduction brings us logically onto **Chapter 2**, a review of the literature with an initial focus on process and outcome evaluation. The chapter then discusses in greater depth the context of the research by considering SAZs from both a national and local perspective, delving into the background of the initiative in more depth, and accordingly the reasons for its creation. To tie in with the local perspective there then follows a discussion about the District of Wear Valley itself, providing a brief historical overview together with a look at the socio-demographics and the relative problems of deprivation. A link with physical activity is then established, both from a national and local perspective and physical activity is discussed in relation to deprivation and the key SAZ themes of health, education and crime. Four

key issues emerged from this study, each of which requires additional exploration, but are perceived to be the major influences on an individual's tendency to participate in physical or leisure activities. These are empowerment, sustainability, attitude, and education. The importance of these cannot and must not be underestimated, and this is explored in some depth within this section. Further, as the Government has the ultimate responsibility to influence its nation, it is within its power to make the necessary adjustments to effect the change required to make the United Kingdom a healthier and happier place in which to live. It is clear that the current way of working is not as effective as it could be as far as physical activity is concerned, and this calls for considerable thought to be given to implementing the necessary changes and look towards new, improved and successful ways of working. It is this that draws **Chapter 2** to a conclusion.

Chapter 3 provides a comprehensive review of relevant paradigmatic and theoretical assumptions. The issue of positivism and interpretivism is, of course, a hotly debated topic in the realms of social science research. Thus, the researcher must be able to justify the theoretical underpinning of their research in accordance with the methodologies adopted and a personal view on what constitutes reality. This section shall consider each ontological and epistemological position and present the case for each, their views on reality, and what they consider to be acceptable methodological approaches. Thus, the author of this study will subsequently locate herself along the paradigm continuum and provide justification for research decisions and methodological associations. Once the research has been put into context and there is clarity regarding the researcher's paradigmatic position, the chapter examines the methods employed within the study. In particular it broadens the discussion around

interviews, questionnaires, and observation as forms of qualitative data collection in addition to quantitative forms of research strategy. Greater emphasis is placed on the former as the nature of the inquiry and the desire for naturally occurring discovery encourages widespread use of qualitative methodologies. However, albeit to a lesser degree, quantitative forms of data collection are included in this study, hence their inclusion and discussion in this section. The advantages and disadvantages of the methodologies employed are discussed along with issues of validity and reliability in an attempt to provide justification for their inclusion in the study and show that careful consideration of the different methodologies was employed in the initial stages of decision making. Thus, this serves to strengthen the validity of the research and the results obtained. Finally, given the multi-method approach that this research has taken to the collation of relevant data, great importance was attributed to the interrelationship between the different methodological stances. It is here that one begins to comprehend more clearly the reasons for this approach and the benefits ensued as a consequence of this approach.

It is logical to follow the methodology chapter with the results, and that is the purpose of **Chapter 4**. Here, each of the projects is discussed in turn, highlighting the specific methodologies employed across the three years of evaluation together with the subsequent findings. These findings are then discussed at length in **Chapter 5** providing an interpretation of results and the implications of them, in particular the contribution of SAZs to the five key themes of health, community safety, social inclusion, regeneration, and education and lifelong learning. Evaluation has the strength of being able to highlight problems as they occur and provide suggestions as to how these issues can be ameliorated, thus many a lesson has been learnt over the

past three years of the research project, and these are stressed alongside the key findings. This leads the reader onto **Chapter 6** and the summary, conclusions and recommendations of the Wear Valley SAZ evaluation. At the beginning of Chapter 1, it was argued that the UK Government is the major stakeholder in, and potential manipulator of, the health of the nation, and promotion of social inclusion. For this reason the author reverts back to this line of reasoning in Chapter 6, and questions whether the Government targets for physical activity really are as realistic as they propose, and moreover, whether SAZs are an appropriate tool to effectively contribute to these targets. The successful and problematic factors associated with SAZs are considered here, along with their implications, and consideration is given to how they could be utilised in the future to promote a more active and healthy nation.

CHAPTER 2 - REVIEW OF LITERATURE

2.1 The Nature of Evaluation – Process or Outcome?

It is widely accepted that sport and physical activity can contribute to the amelioration of a number of issues including health, crime, education, regeneration and social inclusion (PAT 10, 1999; DCMS, 2002). However, these theoretical assumptions are problematic in the sense that their empirical foundation lacks strength (Coalter et al., 2000; Coalter, 2005). Consequently, there is a lack of evidence to support the all too readily accepted ideological rhetoric. In order for intervention impacts to become more than a theoretical aspiration, there is a widespread need for rigorous evaluation (Coalter et al., 2000; Bailey, 2005; Coalter, 2005). Further, in order to assess the effectiveness of an intervention, there is a need to consider the relationship between necessary conditions (participation in sport) and sufficient conditions (the conditions under which the potential outcomes are achieved and maintained) (Coalter et al., 2000). In other words, it is important to consider both the outcomes and the processes which contributed to the achievement of such outcomes. Therefore, it can be concluded that effective evaluation (that contributes to theoretical advancement) is concerned not only with the extent to which an intervention has achieved its overall aims, but the reasons why such outcomes did or did not occur (process and best practice) (Coalter, 2002). Without consideration of the latter, there can be no comprehensive understanding of an intervention's impact, thereby restricting its application elsewhere (generalisability). Indeed, best practice is reliant on an understanding of the relationship between inputs, outputs and outcomes (Coalter et al., 2000). Further, Chen and Rossi (1992) argue that generalisations are reliant upon the establishment of a causative theory, suggesting that it is the information about

how changes come about that can be generalised, rather than the intervention itself. Thus, it is these practices rather than the programme itself that policy makers should be looking to replicate (Sampson, 2007). Indeed, 'if an initiative has any chance of succeeding in a range of different locations then the causal mechanisms, activated by effective practices, need to remain active whatever the context' (Sampson, 2007: 489). This suggests that it is the response that the intervention activities generate that acts as the mechanism for change, rather than the intervention per se (Weiss, 1997).

Since the inception of New Labour in 1997, social inclusion has been high on the political agenda, exemplified by the introduction of the Social Exclusion Unit in 1998 and the desire for partnership working to tackle the 'cross-cutting agenda' in terms of health, education, crime and regeneration in areas of socioeconomic deprivation (Martin and Sanderson, 1999; Stame, 2004; Barnes et al., 2005; Blamey and Mackenzie, 2007). Thus, interventions that focus on such an agenda are extremely complex and context specific due to the political, environmental, social and individual interrelationships that exist. Consequently, in terms of evaluation, it is not sufficient to attribute a set of outcomes to a set of inputs. Moreover, improvements in public sector policy and practice are reliant on a comprehension of what works for whom in what circumstances, and why (Pawson and Tilley, 1997; Stame, 2004). The concept of 'why' and 'how' an intervention produces specific outcomes has been referred to as the 'black box' problem (Pawson and Myhill, 2001; Stame, 2004; Hansen, 2005). It was through the work of theorists such as Chen and Rossi (1992), Weiss (1997), and Pawson and Tilley (1997) and their theory-oriented approaches to evaluation (as opposed to method-driven approaches in which it is presumed that inputs simply result in outputs) that attempts to understand the theory behind an initiative

(programme theory) were made (Blamey and Mackenzie, 2007). In particular, Pawson and Tilley's Realistic Evaluation suggests that evaluation is a matter of context, mechanism and outcome, in which the outcome (for example, desistance from offending) is dependent on both the context (young offenders residing in an area of deprivation) and mechanism(s) (trust, respect, motivation, self-efficacy) (Pawson and Tilley, 1997; 1998). Indeed, Pawson and Tilley (1997; 1998) and Pawson (2002) argue that change (outcome) is brought about not by interventions but by people, embedded in their context who (when exposed to programmes) do something to activate given mechanisms that facilitate change. Thus, it is assumed that people are an integral part of the theory behind social inclusion interventions, and the extent to which an intervention is able to effect change is dependent upon the individuals it engages. Therefore, in order to develop an understanding of 'why' and 'how' an intervention works, it is imperative to consider the context within which it exists (Pawson and Tilley, 1997; 1998; Farrington, 1998; Pawson, 2002; Stame, 2004; Blamey and Mackenzie, 2007), 'for no initiative will work for all subjects in all circumstances' (Pawson and Myhill, 2001: 1). Further, Realistic Evaluation suggests that:

the impact of social programmes cannot be determined with any degree of confidence if there is no knowledge about the context within which they have taken place. In the absence of such knowledge, alternative possible explanations for any changes uncovered (such as the existence of other similar interventions, secular trends or environmental changes) cannot be dismissed. An understanding of context is, therefore, vital in relation to attributing cause. (Blamey and Mackenzie, 2007: 441).

This suggests that different interventions should be considered as individual and distinct case studies, each offering a different context and different set of mechanisms responsible for the same overall outcome (Pawson and Tilley, 1998). Indeed, a

programme's efficacy depends on the ideas, individuals, institutions, and infrastructure which make up the intervention (Pawson and Myhill, 2001; Blamey and Mackenzie, 2007), as the reasons and resources built in to an intervention will only be effective in certain locations (Pawson and Tilley, 1998). In relation to physical activity interventions, as different mechanisms potentially lead to different outcomes (for example, short-term diversion or long-term behaviour change amongst young offenders), and outcomes will only occur under certain conditions (for example, if the subjects are involved in an activity they are interested in) (Pawson and Tilley, 1998), it can be argued that social inclusion will only be achieved amongst members of the population who already have a positive attitude toward sport and physical activity. This presents the policy practitioners with an undisputed problem.

A further problem of Realistic Evaluation is that in theory, an evaluator should build on what is already known about the circumstances under which an intervention works, thus evaluation should begin with a theory and end with a more refined and testable theory. In practice, however, a strong theory from which to start is reliant on a strong empirical evidence base (Blame and Mackenzie, 2007). Thus, in the case of sport and physical activity, there is very little evidence upon which to base a theory regarding its impact on social inclusion. Indeed, Auspos and Kubisch (2004), highlight the problematic reality of undertaking such complex evaluations, suggesting that little is known about how to promote social inclusion in areas of deprivation via programme implementation. Pawson (2003) attempts to simplify the issue by suggesting that programmes themselves are theories. Thus, as evaluation is used to determine whether the programme works, this translates as theory-testing. In this respect, the Wear Valley SAZ can be considered a theory in itself, in as much as the underlying

principles behind it (programme theory) are testable. Thus, it is possible to develop and refine the SAZ (theory) in terms of what mechanisms are responsible for particular outcomes under what conditions (context). This provides other evaluators with a foundation of practices upon which to test such theory. Nevertheless, interventions reliant on complex social, political and environmental interactions are flawed if the theory on which the evaluation is based has weak empirical foundations.

2.2 Contextualising the Research

Having considered the issues faced by evaluation, the focus of this chapter turns to physical activity and in particular its relationship with health, community safety, social inclusion, regeneration and education and lifelong learning with respect to areas of social and economic deprivation. These key areas are synonymous with the five generic SAZ themes, which evolved as a direct response to the introduction of the Government's Social Exclusion Unit in 1997, and the 18 resultant Policy Action Teams (PAT) (SEU, 2002). The aim of PATs was to create a more integrated approach to deal with the multifaceted problems faced by communities suffering from social exclusion, with each PAT focusing on one specific issue (SEU, 2002). Of these, PAT 10 is the most relevant to this particular piece of research as it focuses on the potential contribution of the arts and sport to neighbourhood renewal. More specifically the Department for Culture, Media and Sport (PAT 10, 1999: 8) argue that 'arts and sport, cultural and recreational activity, can contribute to neighbourhood renewal and make a real difference to health, crime, employment and education in deprived communities.' PAT 10 highlighted 9 principles fundamental to the exploitation of sport in regeneration communities. These were listed as: valuing diversity; embedding local control; supporting local commitment; promoting

equitable partnerships; defining common objectives in relation to actual needs; working flexibly with change; securing sustainability; pursuing quality across the spectrum; and connecting with the mainstream of art and sport activities (PAT 10, 1999). The development of these principles can be linked to the Government's wider modernisation agenda, a major part of which is reflected in the notion of 'Best Value'. To clarify, this was an attempt to bring councils closer to their communities, providing local authorities with an opportunity to: review their objectives within a vision for the local community; involve local people and stakeholders in what they do and how; consider a range of ways for meeting local needs; develop local solutions to local issues; develop holistic partnerships to review service delivery; and promote variety, diversity and experimentation (Sport England, 1999a).

In order to contextualise the current research, this chapter will begin by looking at the SAZ key themes from an international (and more generic) perspective before looking more specifically at the issues faced in the north-east of England. This will provide the basis for comparison, substantiation and contestation of the findings from this evaluation and provide further verification for future empirical studies. The chapter will then go on to discuss participation in physical activity, highlighting the supposed link between physical activity and health, community safety, social inclusion and education. Of particular importance here are the influences on physical activity behaviour, namely the facilitators and barriers. It is these very issues that contribute to the effectiveness of an intervention's initiation, particularly in terms of sustainability. Moreover, it is important to consider both active and passive types of leisure activity given that health is compartmentalised into physical, social and psychological components (World Health Organisation, 1958). Consequently, both

active and passive activities have the ability to contribute to an individual's overall health. In areas of deprivation, psychological and social health may be compromised by poor social networks (Passmore et al., 2003). This guides the reader onto the next section, that of deprivation and physical activity participation. Socioeconomic status has a large bearing on physical activity participation and is often associated with higher crime rates, lower educational attainment and poor health, all factors associated with social exclusion. Thus, in turn, the notions of deprivation and health, education and crime are all subject to debate in terms of their relationship with sport and physical activity. Having highlighted the areas of concern and interest in relation to this particular study, the chapter goes on to consider three key components that are believed to capture the essence of the Wear Valley SAZ; empowerment, sustainability and attitude. The chapter concludes by considering SAZs as a new way of working, particularly from the perspective of sport development as a means of community empowerment, together with sport and physical activity's relationship with the Government's cross-cutting agenda in terms of its potential to contribute to social inclusion.

2.2.1 An International Dilemma

Health

The first of the key areas to be addressed is health and its relationship with physical activity. In 2002 the UK Government set a new physical activity target for England. It proposed that by 2020, 70% of individuals should be undertaking 30 minutes (60 minutes for children) of physical activity at least 5 days a week, with an interim target of 50% by 2011 (DCMS, 2002). There is evidence to suggest that males are more physically active than females (Roberts and Brodie, 1992; Trew et al., 1999; Farrell

and Shields, 2002; Green, 2002; Green et al., 2005; Skille and Waddington, 2006). However, it is well documented that currently over two thirds of the UK population are not sufficiently active to benefit their health with 63% of adult men and 76% of adult women failing to achieve the recommended levels of physical activity (Joint Health Survey Unit, 1999; Department of Health, 2004a; 2005). Further, 38% of the adult population are classified as sedentary, taking part in less than 30 minutes of physical activity per week. Similarly with young people, 30% of boys and 39% of girls fail to achieve the recommended daily hour of physical activity (Department of Health, 2002; 2005). However, by the age of 15, 71% of boys take part in a minimum of 30 minutes of daily exercise in comparison to 36% of girls the same age (YWCA, 2001). To substantiate these claims, Kirk (2000) found that by the age of 13, 40% of girls drop out of sport. Even female oriented activities such as aerobics have fallen out of favour with young girls, evidenced by a decline in participation from 24% to 17% between the years of 1994 and 1999 (Rowe and Campion, 2000). This may be a contributing factor to the finding that 33% of 11 year old girls in the UK are overweight and women between the ages of 16 and 24 are twice as likely to be obese than their male counterparts (YWCA, 2001). Nevertheless, there is new evidence to suggest that this trend is changing. Indeed, both Sport England (2002) and Flintoff and Scraton (2001) challenge the view that girls and young women have no interest in being active. Indeed, Flintoff and Scraton (2001) found that young women not only enjoyed physical activity but were making active choices to participate both in and out of the school setting. Moreover, Sport England's survey of young people undertaken in 1999 found that 85% of girls (in comparison to 89% of boys) aged between 6 and 16 take part in regular sport outside of school (Sport England, 2003c). However, Flintoff and Scraton (2001) concede that the subjects involved in the study may have

been positively oriented to school and PE rather than being representative of the population as a whole, thereby questioning the study's validity. Furthermore, as the local context (for example, demographics, the culture of the organisation and coach-pupil relationships) has the potential to impact upon participation (Flintoff and Scraton, 2001), it is possible that the factors associated with social exclusion may contribute to very different findings should the focus for research be on a socio-economically deprived community setting. This is substantiated in part by Sport England (2002) and Ruiz (2004), who suggest that women living in deprived areas are less active than the national average. Thus, although there is a sense of renewed optimism with regard to female participation, additional research would help to clarify some of the existing ambiguities. Perhaps one of the most important ambiguities here is to clarify the measures being used to assess participation. For instance, the terms 'sport' and 'physical activity' are often used interchangeably despite differences in their meanings. Thus, when considering participation (particularly that from which health benefits can be accrued) it is important to think of activity in terms of energy expenditure rather than the extent of competition involved. Indeed, although women may have a low sport participation rate in comparison to men (Ruiz, 2004), that is not to say that they are not physically active (Flintoff and Scraton, 2001).

Nevertheless, 32% of the UK population are not active enough to benefit health (DCMS, 2002). Furthermore, it appears that this physical inactivity phenomenon is a global issue, with an estimated 60% of the world's population inadequately active to obtain health benefits (World Health Organisation, 2002), although there are clearly countries with high activity rates such as Finland, Canada and New Zealand (Department of Health, 2005). Indeed, Finland has already achieved participation

rates of 70% (DCMS, 2002). However, within the UK, the estimated cost to the economy of such levels of inactivity is £8.2 billion per annum including the treatment of chronic diseases such as coronary heart disease and diabetes (Department of health, 2004a). Approximately one in four men and one in six women die from coronary heart disease, which is considered to be the greatest cause of death and disease in the UK (British Heart Foundation, 2002), and 36% and 38% of these deaths respectively are a direct consequence of physical inactivity (National Heart Forum, In press). However, whilst Blair et al. (1996) substantiate these findings stating that inactivity is the greatest risk factor in the development of the disease, one should not underestimate the contribution of a poor diet, high in saturated fats. Sport England (2004) argue that the potential health savings to the NHS of achieving the Government target of 70% of the nation adequately active would be £1.26 billion per annum. In addition, the National Heart Forum (in press) propose that if those who are currently sedentary increase their activity level to a moderate intensity, 9% of deaths from CHD in the UK could be avoided.

With the Government aiming for a 40% reduction in the number of CHD related deaths by the year 2010, and the fact that being physically active halves an individual's chance of developing CHD (CCPR, 2002), the importance of increased physical activity levels across the UK cannot and must not be underestimated. Furthermore, if one takes into consideration the rising obesity epidemic (Smith and Green, 2005), the additional contribution of inactivity to obesity is estimated at £2.5 billion per annum (Department of Health, 2004a). These findings demonstrate a clear need to address the issue of inactivity within this country, not only to contribute to a reduction in heart disease and obesity, but for the additional health benefits accrued

such as reductions in osteoporosis, some cancers and diabetes, along with the positive contributions to the mental and social elements of health (CCPR, 2002). To support these claims, the Department of Health (2005) believes that an increase in physical activity will help with the prevention and maintenance of over 20 health conditions and diseases in addition to those named above. Thus, physical activity can be used as both a preventative measure and a contribution to cure (Department of Health, 2005). However, physical activity engagement tends to differ across age groups and so if initiatives are to contribute effectively to health, they need to be targeted according to age. Furthermore, it is debatable whether or not physiological adaptations through increased participation in physical activity can countervail the health effects of a poor diet or low socioeconomic status.

Physical activity engagement declines with age, particularly once individuals are past the age of 35 (Department of Health, 2004a). In the Health Survey for England 2003, the Department of Health (2004a) found that walking activity declined by 37% for men aged between 16 to 24 and also those aged 75 years plus (45% to 8%), and although relatively stable amongst women aged 16 to 54, there was a rapid decline by 27% to just 5% for those aged 75 years and over. This is especially worrying given that walking is one of the easiest and most readily available forms of exercise. If we cannot encourage and sustain a culture that is accepting of fundamental movement how are we going to endorse a culture in which increased exercise becomes the norm?

The creation and sustainability of a society in which people *want* to be and are *able* to be more active through effective and mass means of communication is imperative if the UK is to achieve results similar to those observed in countries like Finland and

Canada (Cavill and Bauman, 2004). However, this view is rather naïve and one could argue that attitude and behaviour change is dependent upon the way in which people decide and are able to make use of the information they acquire. A key factor in the achievement of such a feat is effectively influencing people's attitudes in order that they make decisions that will positively contribute to health (Department of Health, 2005). There are numerous interrelated factors that impact upon beneficial health choices such as time, effort, and education, which complicate the achievement of such a target. Moreover, it is suggested that a greater emphasis be placed on the food and drink industries, as more young people are taking part in sport and physical activity (Sport England, 2003c) and yet poor diet remains to be a fundamental issue. Thus, one may question whether the Government has been over-optimistic and therefore unrealistic in its intention to achieve a 70% activity target by the year 2020. This is reflected in the modification of the 2020 target to 50%, representing a 1% annual increase in the number of people playing sport in the England (Sport England, 2004a). Thus, although the Government is still striving to attain the 70% target, the revised target represents what it considers to be an achievable aim. That said however, to achieve the 50% target requires that the UK match the best in the world over the last two decades in terms of increases in participation. Thus, the nation's attitude toward physical activity requires severe modification. Whether such a change is possible within two decades is yet to be determined. Indeed, whether such a change would manifest itself in observable changes to sustainable physical activity participation in the time frame desired is even more questionable. Nevertheless, despite the optimistic timescale, the ultimate objective to create a sustainable healthy nation must be welcomed. However, the achievement and preservation of the associated

requirements for physical activity is dependent on a number of factors, one of which is the creation of safe and accessible opportunities and environments.

Community Safety

The second of the key areas of concern is community safety. This notion encompasses a range of issues such as access to physical activity opportunities and competencies such as learning to swim and cycle proficiently. However, the most relevant issue to community safety in the context of this research is the impact of sport and physical activity on youth offending (renewal.net, 2005a). Thus, community safety can be perceived in terms of reducing the threat from young people to the rest of society. In effect, ensuring communities develop in a way that promotes effective citizenship begins with ensuring that society's youth grow into good, law-abiding individuals, respectful of the community in which they live. Thus, it is important to understand the dynamics of youth disaffection where it occurs, the factors that impact upon young people's personal development and their predisposition to antisocial or delinquent behaviour, and its resultant impact on society. Sandford et al. (2006: 251) propose that:

Disaffection itself is a complex and multidimensional phenomenon that is influenced by numerous interrelating factors, and it can manifest itself in different ways including through disengagement from mainstream activities, disruptive or antisocial behaviour, and involvement in petty crime.

When searching for corroborating evidence regarding the impact of sport and physical activity on community safety, there is one major concern: that until recently, little empirical evidence was available to confirm whether community safety was positively affected by established sporting initiatives. Moreover, whether such initiatives can

promote sustainable behaviour change, particularly amongst disaffected youth, is unknown due to a dearth of longitudinal research (Coalter et al., 2000; Long and Sanderson, 2001; Morris et al., 2003). Accordingly, it is unknown whether involvement in physical activity provides a protective effect (renewal.net, 2005a; Youth Justice Board, 2005). Notwithstanding, the same authors concur with the premise that there exists a potential positive correlation between physical activity and behaviour change amongst disaffected youth (Coalter et al., 2000; Long and Sanderson, 2001; Morris et al., 2003) and it is this reliance on ideological rhetoric that presents a problem for policy makers and researchers alike. Empirical evidence of sport's impact is required in order to consolidate and build on what already exists. Nevertheless, Holt (1989) and Mangan (2000) refer to these adaptations in terms of the values, attitudes and beliefs that are beneficial to societal integration. Despite this common belief, in-depth and long-term qualitative research in the form of observations, focus groups and interviews is needed to build up a comprehensive knowledge base of current reality. It is imperative to gain an insight into the thoughts of the very of people who are compromising community safety and to identify the features of the contexts in which such behaviour is prevalent. Given the nature of research and the targeted clientele, potential problems with data collection should not be underestimated. In particular, it is difficult to differentiate between the effect of sporting and non-sporting initiatives that both have the aim of easing crime (renewal.net, 2005a). It is difficult to determine which of the initiatives has the greatest effect in an area where there are multiple initiatives. A more in-depth and robust monitoring and evaluation system or an identified partnership needs to be established for this kind of information to be determined. Numerous authors have documented the need for a multi-agency holistic approach to physical activity

initiatives (Miller et al., 1997; Merton and Parrott, 1999; and Coalter et al., 2000), claiming that sport on its own is not enough to combat the multifaceted problem of social exclusion (Pitter and Andrews, 1997; Ruiz, 2004). Furthermore, it is imperative that the individuals and organisations involved (for example, schools, community groups, families, and the young people themselves) develop good relationships to minimise the possibility that the work of an intervention might be undermined elsewhere and rendered ineffective (Coakley, 2002).

Sport and physical activity may indeed be a good intervention tool in terms of reducing the propensity to commit crime, solely from the perspective that adolescent males are significantly more likely to be involved in antisocial and criminal activities than adolescent females. Similarly, adolescent males are more likely to engage in sporting activities than their female counterparts (Blackburn, 1993; Smith, 1995; Asquith et al., 1998; Rutter et al., 1998; Trew et al., 1999; Loucks et al., 2000; Green, 2002; Green et al., 2005; Skille and Waddington, 2006). Thus, hypothetically, engagement in physical activity should act as a diversion and contribute positively to self-esteem, self-belief, a sense of accomplishment and further attributes which young offenders often lack. However, the link between physical activity and sport and the development of pro-social behaviours is complex, and there is a lack of credible empirical evidence to support the ideological rhetoric and inform effective intervention implementation (Sandford et al., 2006). Indeed, Bailey (2005) agrees that whilst there is some evidence to suggest a positive relationship between sport and some issues related to social inclusion (such as physical, social and psychological aspects of health), there remains a need for greater empirical research in order for the

relationship between sport and social inclusion to become more than a theoretical aspiration.

Given that community safety in the context of this research refers to the reduction of criminal and antisocial behaviour, the prevention of such activities may be considered in terms of risk factors and protection factors (Youth Justice Board, 2005). These factors can be illustrated on a continuum from high risk to high protection.

Risk factors can be defined as triggers that augment delinquent behaviour. This is in contrast to protection factors which are factors that should facilitate the reduction of delinquent and problematic behaviour. Thus, the greater the protection-risk ratio, the lower the likelihood of delinquent behaviour occurring. Further, figure 1 illustrates how protection factors can serve to filter out or diminish the impact of original risk factors, with the ultimate behaviour to an extent determined by the number and type of risk factors and the number and type of intervening protection factors. Indeed, it has been calculated that an annual saving in excess of £100 million could be made if one in ten young offenders received effective early intervention (Youth Justice Board, 2005). The more deprived an area, the more predisposed it is likely to be to the above risk factors, which according to the cumulative model of problematic behaviour enhances the likelihood of delinquency (Hamel et al., 1999; Farrington, 2002). This will be of particular importance throughout the present study given its situation in an area of high social and economic deprivation. Moreover, in terms of establishing effective physical activity initiatives, it is important to identify the risk factors that exist within particular target groups.

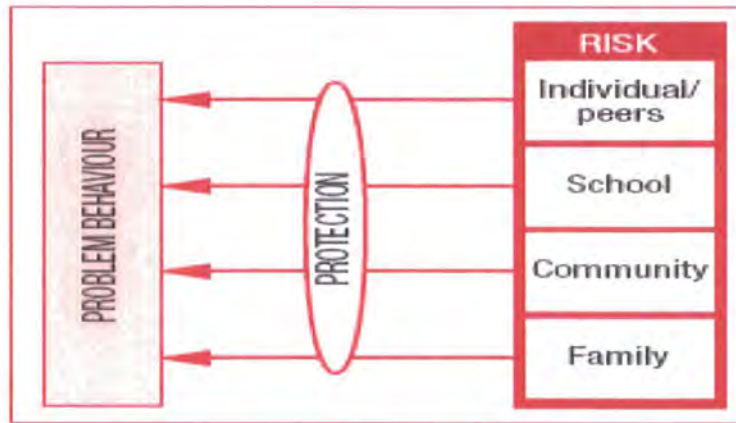


Figure 1. The relationship between risk and protection factors and problem behaviour (cited in Farrington, 1996: 84)

Figure 2 demonstrates a slightly different approach in which there is a positive linear correlation between the array of differing risk factors and chance of offending. Thus, the more risk factors, the greater the chance of offending. Campbell and Harrington (2000) further support these findings with the research undertaken as part of the *Youth Lifestyles Survey* stating that the greater the number of risk factors present, the greater the risk of committing an offence. It is likely, however, that problematic behaviour is much more complex than the latter model would suggest and is not simply a product of the number of risk factors present.

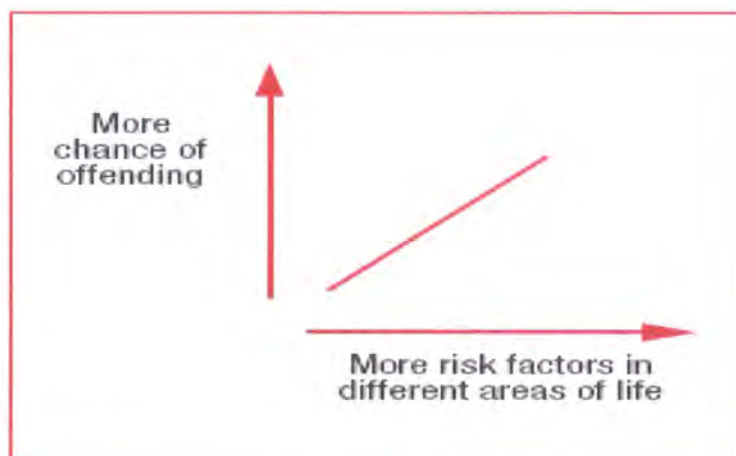


Figure 2. Relationship between risk factors and chances of offending (cited in Youth Justice Board, 2005: 2)

Whilst it is agreed that the identification of the existence and strength of risk factors is important (Campbell and Harrington, 2000; Youth Justice Board, 2005), it is also essential to identify them in terms of category. Risk factors are categorised as pertaining to the individual, school, community and family and can be further subdivided into the following (McCarthy et al., 2004):

Individual – attitudes to delinquent behaviour; delinquent peers; perinatal trauma; early malnutrition; ADHD; language difficulty; early problem behaviour.

School – early and persistent antisocial behaviour; academic failure; low degree of school commitment; exclusions; low expectations; poor attendance.

Community – poverty; quality of housing; degeneration; high crime rates; chronic community violence; transitions and mobility; laws and norms; community disorganisation; exposure to neurotoxins.

Family – parental depression; management problems; family structure; family instability; harsh and inconsistent discipline; lack of parental involvement; lack of parental monitoring and supervision; history of high risk behaviours; family conflict; family size.

The mere presence of multiple risk factors is unlikely in itself to predict behaviour. McCarthy et al. (2004) suggest that young people vary in their risk response, meaning that although two people may have identical risk factors, their behavioural outcomes may be completely different. Risk factors vary depending upon the context in which

they exist. Thus, behaviour is influenced by the nature, timing and length of exposure to such factors (McCarthy et al., 2004). Sandford et al. (2006) agree, and propose that interventions need to consider the wider social context of the individual. Otherwise, there is a danger that the individual will simply lapse back into the very behaviours that the intervention is attempting to modify. Thus, there needs to be a long-term solution, not a short-term fix (Coalter et al., 2000).

Both risk and protection factors can fluctuate over a period of time, and if one of these factors becomes more important than the others at any one time, then this turning point could be pivotal in influencing the behavioural outcome of that particular young person (Gilligan, 2000). In addition, individual determinants of behaviour can function as either risk or protection factors, and these are ascertained by the positive or negative attributes pertaining to each individual determinant. For example, individual, parental and peer attitudes have the potential to impact either negatively or positively upon an ultimate behaviour. Thus, physical activity initiatives need to consider these behavioural determinants in relation to 'at risk' groups to maximise their effectiveness.

More in-depth research and empirical evidence is needed regarding the complex relationships between risk and protection factors and their influence on behaviour if we are to gain a full understanding of their interactions and implications for interventions. With regard to the latter, Vassallo et al. (2002) in their report on patterns and precursors of adolescent antisocial behaviour suggest that the critical years to implement such interventions are during the primary school years, when the pathways to antisocial adolescent behaviour first come into being. As such, it should

be possible to target the ‘at-risk’ children. Further, it would do no harm to introduce preventative measures during the very early stages of infancy, especially for children from broken families or those of a low socioeconomic status, as these are the children that may potentially be subject to an increased risk of developing antisocial behaviour later on in life (Homel et al., 1999; Farrington, 2002). Although the literature surrounding the effects of physical activity interventions on crime is sparse, there is some evidence to suggest that high levels of crime are significantly associated with a reduction in weekly physical activity (Gordon-Larsen et al., 2000).

Social Inclusion and Regeneration

Linked to the prevalence of societal risk factors, and the third of the key themes within the SAZ initiative is the concept of social inclusion or the combating of social exclusion. Social exclusion refers to:

a shorthand label for what can happen when individuals or areas suffer a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown (SEU, 2004: 4).

The problems (or risk factors) are often interlinked and mutually reinforcing, substantiating the need for a ‘joined up’ approach to tackling the issues and the development of partnership working, with one of the key stakeholders being that of the local community at which the interventions are targeted (Miller et al., 1997; Merton and Parrott, 1999; Coalter et al., 2000; Coakley, 2002; SEU, 2004). Thus, social inclusion is about breaking down the barriers that prevent individuals from participating fully in society (social exclusion), one of which is the issue of community safety.

Whilst Government policy to tackle the related issues of social exclusion may demonstrate initial success, the targeting of interventions must successfully access the hardest to reach individuals. It is these very people who are experiencing greatest hardship and therefore the ones most in need (SEU, 2004). Initial success (in terms of engagement) may well encourage complacency. The challenge remains to provide a beneficial and enduring life changing experience for the most destitute within society. The SEU (2004) believe that parental backgrounds are a strong determinant of their offspring's life chances. Thus, in order to break this link and improve and sustain the life chances of future generations, it is imperative that the early years of life are permeated and supported. Indeed, research undertaken by the Department for Education and Skills (DfES) suggests that certain types of early intervention may deter the immediate detrimental effects of deprivation on children as well as contribute to superior outcomes for them in later life (Sylva, 2002). Services that combine childcare with health and education services can have a favourable impact on both the cognitive and social development of children and contribute to sustainable educational attainment. Children suffering from social and economic exclusion may particularly feel these benefits (Sylva, 2002).

The costs of social exclusion can be far reaching, impacting not only on the individual in terms of educational attainment, employment opportunities, health and experience of crime, but also in terms of societal costs such as those experienced by the taxpayer on benefits, school exclusions, hospitals and young offenders, together with economic costs in the form of an unskilled workforce and a reduction in the nation's spending power (SEU, 2001).

To tackle the issue of social exclusion in England, the Government has placed considerable investment across a range of related issues such as education, employment, health and crime. The Government agenda on social exclusion, which encompassed the establishment of the Social Exclusion Unit (SEU) in 1997, aimed to tackle the causes and consequences of social exclusion in order to strengthen communities both socially and economically (SEU, 2004). Policy Action Teams were established in response to the SEU's document *Bringing Britain Together: A National Strategy for Neighbourhood Renewal* (1998) to tackle the multifaceted issues faced by poor neighbourhoods, and to contribute to the resultant neighbourhood renewal action plan, *A New Commitment to Neighbourhood Renewal: National Strategy Action Plan* (SEU, 2001). The latter document contains the Government's vision for narrowing the gap between deprived communities and the rest of the country by establishing the need for a 'joined up' approach in recognition of the collective complexities attuned to social exclusion (SEU, 2001).

In relation to the present study, the Government believes that sport is not simply an added extra to regeneration work, but is fundamental to community involvement and ownership of regeneration initiatives when it extends a means of positive engagement familiar with local needs (DCMS, 1999). PAT 10 formed the basis for the majority of research in the area of sport and social inclusion and concluded that, 'arts and sport, cultural and recreational activity, can contribute to neighbourhood renewal and make a real difference to health, crime, employment and education in deprived communities' (PAT 10, 1999: 8). Thus, the National Strategy for Neighbourhood Renewal provided a means through which Local Strategic Partnerships (LSP) were established. Part of their remit was to identify key partners and organisations from the

private, public, community and voluntary sectors and encourage a collective approach to tackling the issues of social and economic deprivation through directed use of the Neighbourhood Renewal Fund (NRF). These funds were distributed amongst the 88 most deprived Local Authority areas in England. Across these areas £1.875 billion (2001-2006) was provided in an attempt to improve public services in these areas of deprivation, and narrow the gap between them and the rest of the country in line with the Government's vision (Neighbourhood Renewal Unit, 2005).

Education and Lifelong Learning

In a physical activity context, education and lifelong learning is very much synonymous with social inclusion due to the low levels of educational attainment and employment experienced in these areas, the latter being one of the major contributors to social exclusion (renewal.net, 2005b). The Health Education Authority and Sports Council (1992) and Farrell and Shields (2002) verify these findings stating that poor educational attainment is also associated with low physical activity levels for men and women of all ages, and the former is strongly correlated with social class. As part of wider educational programmes, learning and skill development can be furthered through regular engagement in appropriate physical activity within the school setting (renewal.net, 2005b), although recognition must be given to the importance of non-traditional methods of education, particularly in areas of deprivation where factors of social exclusion often combine to devalue the school setting as the most appropriate environment for effective learning (Shumer, 1994; renewal.net, 2005b). New ways of dealing with disengaged individuals in deprived areas require consideration. Indeed, the incorporation of empowerment into initiatives within the community setting is one possible solution. This is an area that would benefit greatly from additional research.

Within the community context, sport and physical activity can be used to encourage individuals to learn new skills or engage in training which they may have otherwise been reluctant to engage in using a more traditional approach (renewal.net, 2005). These are attributes that will enhance employment prospects and subsequently help to ease the effects of deprivation, both socially and economically. According to the DfES/DCMS (2003), pupil concentration, commitment and self-esteem can be ameliorated through the use of PE and sport in schools (within and beyond the curriculum) which, in turn, should lead to better attendance, behaviour and attainment, although this assertion is accompanied by limited empirical support. Nevertheless, in October 2002 the Government introduced the PE, School Sport and Club Links strategy (PESSCL), a strategy that is being jointly delivered by the DfES and DCMS through the following eight programmes aimed at maximising the benefits of sport and physical activity for all young people: Specialist Sports Colleges (DfES/DCMS, 2003; Evans et al., 2002); School Sport Co-ordinators (DfES/DCMS, 2003; Evans et al., 2002); Gifted and Talented (DfES/DCMS, 2003); QCA PE and School Sport Investigation (DfES/DCMS, 2003); Step into Sport (DfES/DCMS, 2003); Professional Development (DfES/DCMS, 2003); School/Club Links (DfES/DCMS, 2003); and Swimming (DfES/DCMS, 2003). Over £1 billion is being made available to help transform sport and physical activity across schools in England, a timely investment considering the current Government attempts to transform education (DfES/DCMS, 2003). Sport and physical activity can impact upon educational attainment just as educational experiences can impact upon physical activity and sporting uptake. Thus, early experiences of sporting participation must be positive in order to impact positively on an individual's participation in the future (Kirk, 2004). As such, it could be hypothesised that positive physical activity experiences are a

precursor for sustained activity and enhanced educational attainment. Moreover, the sustainability of physical activity is influenced by the variety of activities an individual is exposed to during childhood and adolescence (Armstrong and Welsman, 1997; Green, 2002), and physical education provides a critical role in the provision of such opportunities (Harris and Penney, 2000).

2.2.2 A Regional Perspective

Taking a regional perspective, it is apparent that there are different specific challenges for each of the key SAZ themes of health, social inclusion, regeneration, community safety, and education and lifelong learning. January 2003 saw the publication of a national strategy for delivering the Government's sport and physical activity objectives: *Game Plan*. It had two overarching objectives (DCMS, 2002: 12):

1. A major increase in participation in sport and physical activity, primarily because of the significant health benefits and to reduce the growing costs of inactivity
2. A sustainable improvement in success in international competition, particularly in the sports which matter most to the public, primarily because of the "feel-good factor" associated with winning.

In accordance with the objectives established by the UK Government, the *North East Regional Plan for Sport and Physical Activity 2004-2008* was published by Sport England North East (2004a) providing a strategic overview of how the North East would contribute to the Government targets for physical activity and sport. The vision is 'to make the North East an active and successful sporting region' by adhering to the following principles: Increase participation; Widen access; Improve health and well-being; Create stronger and safer communities; Improve education; Improve levels of performance; Benefit the economy (Sport England, 2004a: 4). The

region comprises both urban and rural areas and has a population of 2.5 million, which equates to 5% of the total UK population. In line with the UK trends, the North East region has an ageing population although the life expectancy for both males and females is approximately 1.5 years less than the national average (Sport England, 2004a). This may be due to the higher than average CHD mortality rates in the North East as opposed to the rest of the UK. According to the British Heart Foundation (<http://news.bbc.co.uk/1/hi/health/4649195.stm>, 2005) men and women have an 18% and 24% greater chance respectively of dying from CHD than the average for the UK as a whole. Indeed, this may well correlate with the fact that only 28% of the region is currently active enough to benefit health in accordance with Government guidelines as opposed to 32% of the total UK population (Sport England, 2004b). Thus, the importance of physical activity in terms of the prevention and cure of disease must not be underestimated and the target of increasing the percentage of individuals who are adequately active by 1% per annum is essential.

A high proportion of individuals in the north-east of England live in areas of deprivation (Index of Multiple Deprivation [IMD], 2000). Consequently they suffer the consequences of social exclusion and impoverishment such as health, disability, unemployment, and child poverty. Moreover, 56% of the North East population reside in the 20% most deprived wards in England (IMD, 2000) and 36% live within the 10% most deprived wards (Sport England, 2004a). Significantly, 50% live in wards ranked in the worst 10% on the health, deprivation and disability domain of the IMD 2000, 44% live in wards ranked in the worst 10% on the employment domain of the IMD 2000 and 32% reside in wards ranked in the worst 10% on the child poverty domain of the IMD 2000. In addition, 36% of households in the area are without the

regular use of a car (Sport England, 2004a). The DCMS (1999) strongly believe that sport has the potential to prevent, minimise or even eradicate these issues.

According to the Census of 2001, the District of Wear Valley has a population of 61,339 of which 29,433 are male and 31,906 are female. Considering the North East region in isolation, that figure equates to approximately 2.5% of the total population. The District is 503 km² and a mixture of rural and urban areas. However, the majority of the population reside in the more urban part of the eastern part of the district (Government Office for the North East, 2006). Figure 3 attempts to emphasize the extent of the level of deprivation, whereby the most heavily deprived areas are highlighted in red and orange.

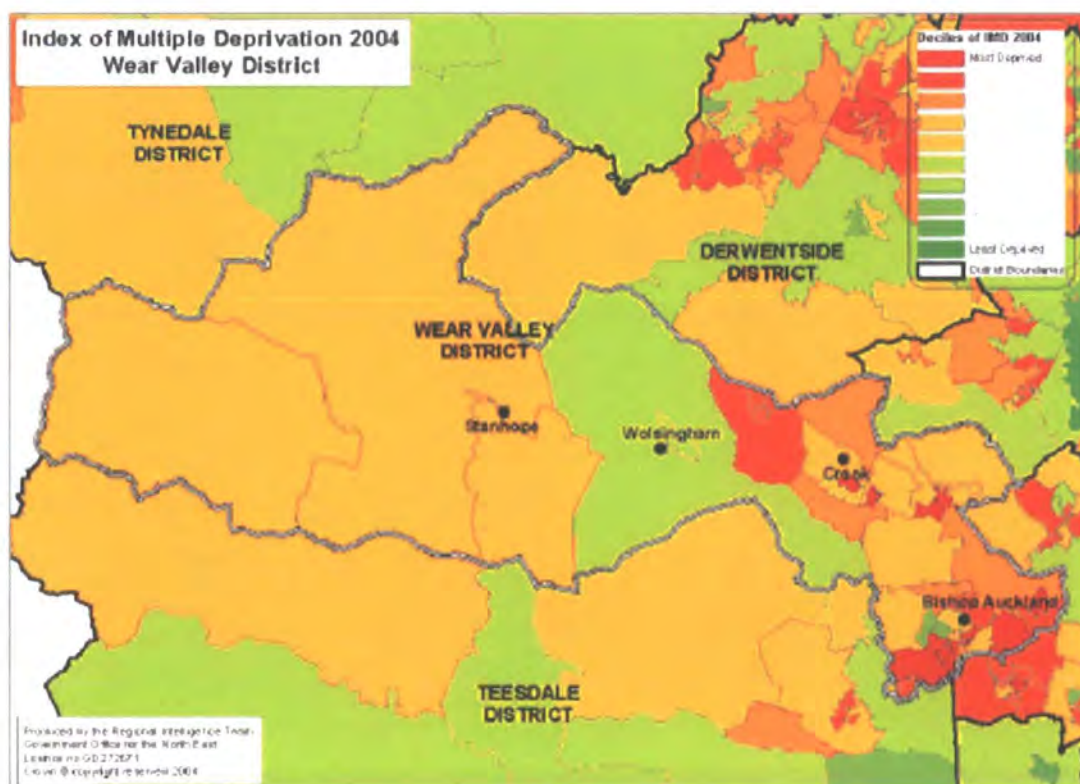


Figure 3. The extent of deprivation across the district of Wear Valley.

Given that physical activity levels are particularly low in the north-east of England, and the levels of deprivation are relatively high in comparison to other areas of the UK, the prevalence of social exclusion and its related issues will be significant. Hence, it is important to establish the determinants of physical activity to facilitate the effective implementation of physical activity initiatives in similar areas.

2.3 Physical Activity Participation

The sections above discussed the impact sport and physical activity can have on various aspects of our lives including crime, social inclusion, regeneration, education and perhaps most significantly of all, health. The World Health Organisation (WHO) (1958) defines health as having the following three components: physical, psychological and social. Each of these components is interlinked and thus, an individual can only be deemed to be in a state of complete health when all three of the components are satisfied. For example, an individual may be in good health physically but if they are highly stressed or in a state of depression they cannot be deemed 'healthy' per se. Physical activity participation can contribute positively and significantly to satisfying each component and subsequently to the development of a 'healthy' individual. Moreover, it is widely accepted that participation in physical activity, whether it be relatively unstructured recreational activity, activity required to undertake our daily tasks, or competitive sporting participation, can contribute significantly to the health and well-being of the nation and indeed the world. However, the relationship between participation in physical activity and sport and the benefits to health is complex. Indeed, Waddington (2000) and Waddington et al. (2006) suggest that the health costs (in terms of injuries) are greatest when individuals participate in competitive, contact sport and/or are classed as elite athletes, training

for extensive periods of time at a high intensity and often competing through pain. This begs the question as to why the activities currently prioritised in the revised National Curriculum for Physical Education in England and Wales are the very sports in which the health costs are the greatest. This contradicts the Government's justification for using sport to combat poor health. Thus, a focus on non-competitive and non-contact sport and activity would result in greater overall benefits. Nevertheless, it is well documented that in the UK and indeed around the globe, a significant increase in the physical activity of individuals (approximately two thirds of the western world population) is required if we are to realize a collective benefit in terms of health, social inclusion, crime, education and the economy (DCMS, 2002; WHO, 2002). Accordingly, it is important to determine *why* individuals take part in physical activity and devise methods to reduce the barriers and facilitate participation so that exercise behaviour becomes habitual. The endorsement of competitive, contact sport may be justifiable where the aim is increased mass participation in socio-economically deprived areas, should this comply with their motivational needs. It is arguably more desirable for more people to be active than sedentary, regardless of the type and intensity of activity. In terms of activity engagement, difficulties arise when trying to encourage and sustain participation whilst simultaneously working to eradicate restrictive barriers. Indeed, the eradication of barriers should result in the facilitation of opportunity (Seefeldt et al., 2002).

2.3.1 Influences on Physical Activity Behaviour: Facilitators and Barriers

There are numerous factors that can both facilitate and/or hinder participation in physical activity and sport. Placed under the categories of individual, social and environmental determinants, numerous sub-determinants emanate from these distinct

categorisations (Giles-Corti and Donovan, 2002; Trost et al., 2002). The development and implementation of more effective interventions would be facilitated by a greater comprehension of these physical activity factors (Sallis et al., 2000) and in particular their interrelationships. Moreover, Cale and Harris (2006) suggest that sustainable behaviour change requires the different determinants to be considered within the context of the individual(s) targeted by that intervention. Sherwood and Jeffery (2000) believe that physical activity is both a complex and dynamic endeavour, and the diverse and interrelated set of factors mentioned above dictate physical activity participation as individuals' progress through various phases of exercise. Taking each category in isolation, the following sub-categories apply:

Individual: Physiological (sex, age, weight, diet, stress); Psychological (knowledge, attitude, self-efficacy, personality, motivation, stage of change).

Social: Educational status; Family influence/support; Peer influence/support; Availability of role models; Socioeconomic status.

Environmental: Social environment (safety, time, social networks); Physical environment (facilities, transport infrastructure, access).

In terms of the facilitation of physical activity participation, there are numerous factors that can positively contribute to its achievement, each of which falls under one of the aforementioned categories (Sherwood and Jeffery, 2000). These are highlighted below:

1. Payne et al. (2003) recognise that the presence of positive role models can evoke individual behaviour change. However, role models, especially in the form of sporting stars, are often incorrectly portrayed as highly significant in shaping young people's inclination towards sport. Indeed, young people are far more likely to be influenced by significant others such as family and friends, people who they can identify with. Thus, the significance of role models appears to lie in their relationship with, and proximity to, young people rather than their status per se (Payne et al., 2003; Coalter, 2004; Vescio et al., 2005).
2. Encouragement of non-active roles (such as coaching) in activity can have a positive influence on psychological and social health (Jackson et al., 2005). Indeed, the sustainability of exercise initiatives relies heavily on a strong volunteer base and individuals willing to take on administration roles once any initial funding is removed (Jackson et al., 2005).
3. Programmes will be more effective if they have been tailored to meet the needs of the specific individual or local community to which they are targeted. The realities of day to day life may well vary in different areas depending upon the attitudes, beliefs and socioeconomic status of a particular community and these conditions need to be catered for if the barriers that reinforce inactive behaviour are to be overcome (Sport England, 2004b; Jackson et al., 2005).
4. Both socioeconomic status and education are positively correlated with each other and with physical activity participation. Thus, the more affluent an individual, family or community, the greater the likelihood that they will regularly participate in physical activity. Likewise, the longer a person

remains in education, the greater the likelihood of participation (Bauman et al., 1990; Caspersen and Merritt, 1992; King et al., 1992; Droomers et al., 2001; Parks et al., 2003; Lee et al., 2007).

5. Frederick and Ryan (1993), Sherwood and Jeffery (2000) and Kilpatrick et al. (2005) proposed that motivation to exercise dictates the type of exercise an individual participates in. For example, those with more of an interest in physical appearance will be more likely to undertake fitness related exercise, whereas those who thrive on a challenge are more likely to take up a sport.
6. Although motivation plays an important role in the uptake of physical activity, self-efficacy is the strongest of all psychological predictors of exercise behaviour (Sallis et al., 2000; Strauss et al., 2001). According to DuCharme and Brawley (1995), Hagger et al. (2001) and Sniehotta et al. (2005) it can predict intention and is particularly important in the initial stages of exercise uptake as individuals are more likely to pursue an activity if they believe that persistence in the face of barriers will pay off. Thus, the greater the self-efficacy, the greater the exercise adherence and the greater the likelihood that the behaviour will become habitual.
7. McAuley (1992), Nies et al. (1998) and Brunton et al. (2003) found that social and environmental support was essential in order to encourage and affect participation rates. This includes: a) settings such as schools, the workplace and local communities; b) facilities such as parks, gymnasiums, and sports clubs; c) facilitative transport infrastructures such as cycle paths and walkways; d) programmes including sports teams, structured or unstructured recreational activities, and behavioural counselling, and lastly e) family and peer support. However, Sallis et al. (1998) proposed that not only are these so

called supportive environments necessary, education and behavioural reform programmes are required to run alongside them. Similarly, strategies that aim to positively influence individual and social factors must accompany any adaptations to the environmental set up for such changes to be effective (Sallis et al., 2000; Corti and Donovan, 2002).

8. It has been recommended that by focusing on behavioural skills through cognitive training good intentions to exercise can be translated into action (Sallis et al., 2000). Indeed, it is proposed that campaigns to educate the public should address perceived behavioural control, behavioural skills, behavioural intention, encouragement of physical activity habit and encouragement of social participation (Sallis et al., 2000).

Having highlighted some of the potential facilitators of physical activity participation the barriers will now be considered in the same way in order to highlight issues that may impact upon physical activity initiatives.

1. Cost of participation in terms of transport, membership, fees and equipment is always a cause for concern amongst many groups within society, especially those who reside within an area of socioeconomic deprivation (Jackson et al., 2005).
2. Time constraints in terms of family and work commitments are also an issue as individuals often do not have adequate time (real or perceived) to take part in regular exercise (Jackson et al., 2005). Related to this is the problem of inadequate childcare. In areas where this is the case, parents or guardians are restricted in terms of their availability to exercise, particularly if there is not a

crèche facility at the venue where they would like to exercise (Richter et al., 2002).

3. Rees et al. (2001), Booth et al. (2002), Brunton et al. (2003) and Harrison et al. (2007) all highlight safety as being one factor that may hinder participation, especially in terms of crime and the fear of crime and also in terms of physical injuries.
4. A poor transport infrastructure places constraints on when and how individuals can get to the place of participation and is especially problematic for those residing within rural areas (Rees et al., 2001; Lee et al., 2007).
5. Continuing with the rural theme, opportunities to participate in physical activity are fewer in these sparsely populated areas as demand is not as great as it is in urban areas. Brunton et al. (2003) and Rees et al. (2001) both found this to be an issue.
6. Individuals may lack the confidence to take up a new sport or activity especially if they perceive the environment to be intimidating (Jackson et al., 2005) or they possess a perceived inadequacy of their physical or social skills (Burton et al., 2003). This may render them particularly self-conscious and deter them from partaking in the activity (Burton et al., 2003).
7. Injury and poor health, once acquired, are extremely restrictive and prevent individuals from taking part in physical activity to the extent they may have been able to previously (Booth et al., 2002). Hence, this emphasises the need to ensure individuals are educated sufficiently regarding both a healthy lifestyle and how to effectively prepare for any kind of physical exertion.
8. A lack of family and/or peer support can contribute to the discouragement of becoming involved in recreational activities (Nies et al., 1998; Brunton et al.,

2003) particularly when the activity promoted is of cultural irrelevance to an individual, family or society (Richter et al., 2002; Seefeldt et al., 2002).

9. Socioeconomic status and education can be both positively and negatively correlated with physical activity. For example, the lower an individual's socioeconomic status and level of education, the ^{lower} ~~poorer~~ the level of physical activity participation (Bauman et al., 1990; Caspersen and Merritt, 1992; King et al., 1992; Droomers et al., 2001; Parks et al., 2003; Lee et al., 2007). Furthermore, individuals with a low social participation rate (involvement in community organisations) tend to participate less in physical activity, and this is highly correlated with individuals of a low socioeconomic status (Lindström et al., 2001). People from socio-economically deprived areas are also more likely to perceive their neighbourhood as providing an unsupportive environment in which to exercise (Giles-Corti and Donovan, 2002a).
9. Age can be restrictive as research has demonstrated that participation in activity and sports participation declines with age, particularly after individuals leave school (Sherwood and Jeffery, 2000). Similarly, sex can be a barrier as fewer women take part in physical activity and sport than men and participation also declines with age (Sherwood and Jeffery, 2000).

Although there are numerous determinants of physical activity, it should be remembered that the determinants for moderate and high intensity activity may differ, as do determinants for activity and inactivity (Gordon-Larsen et al., 2000). Thus, not all determinants are applicable with regard to the long-term maintenance of physical activity (Sallis and Howell, 1990; Dishman and Sallis, 1994) and it is this sustainability that is the important factor in effecting the changes to individuals and

society through engagement with physical activity (Telama et al., 1997; Nelson et al., 2005). Furthermore, with specific reference to (socially excluded) young people, most of the literature reviewing physical activity determinants fails to consider the multidimensional nature of their lives. Hence, there is a need to consider physical activity determinants from a sociological and context specific perspective, rather than one that is purely psychological (Wang and Biddle, 2001; Green, 2002). For example, consideration ought to be given to the factors that contribute to physical (in)activity in areas of socioeconomic deprivation as opposed to more affluent areas as physical activity participation is less amongst low income households than high income households (Farrell and Shields, 2002).

2.3.2 Active and Passive Leisure Activities

The WHO (1958) described the three components of health as physical, psychological and social. Thus, developing good all-round health requires more than just being physically active. Indeed, Plante et al. (2000) discuss how individuals' perceptions of fitness may actually be a more effective predictor of health than aerobic fitness, as it is suggested that if people believe that their psychological health will benefit from physical activity then it subsequently will. This is known as the expectancy effect (Plante et al., 2000). Thus, it is suggested that involvement in administration roles is also important and can play a significant role in the development of an individual's overall health (Coalter et al., 2000). For example, this may be in the form of peer support for a friend, or as a volunteer to help coach, organise or lead a leisure group.

Both active and passive activities can benefit health through their ability to produce a cathartic effect or as an escape mechanism from everyday stress (Trenberth and

Dewe, 2002). This can be achieved either through activities of a passive recuperative or active challenging nature. Cassidy (1996: 87) found there to be an obvious relationship between 'positive attitudes to engagement in leisure, and psychological and physical health.' Indeed, numerous health benefits have been identified from the positive role that active and passive leisure activities play (Caldwell and Smith, 1988; Chalip et al., 1992; Cassidy, 1999). The Ministry of Social Development (2005) suggest that participation in regular physical activity is directly related to a reduction in the symptoms of depression, stress and anxiety. To corroborate these findings, Ponde and Santana (2000) discovered that amongst women with low job satisfaction and a low family income there was a positive correlation between leisure activities and low levels of anxiety and depression.

Passmore (2003) found that psychological health could be improved through the emergence of social networks developed as a consequence of leisure activity participation. The Ministry of Social Development (2005) believe that an important role for leisure and recreation is to develop a sense of identity and personal development amongst individuals, thereby enhancing their social well-being. Such activities help satisfy needs that cannot be met under other conditions. Furthermore, the opportunity for networking or socialising facilitates social cohesion amongst local communities (The Ministry of Social Development, 2005). Social cohesion is something that is often lacking amongst those living within areas of deprivation, and therefore the potential of physical activity as a mechanism to enhance social cohesion warrants greater research. This brings us onto the next section in this chapter, deprivation and physical activity participation.

2.3.3 Deprivation and Physical Activity Participation

As has already been discussed, physical activity participation is determined to a large extent by numerous determining factors, one of which is socioeconomic status. Green et al. (2005: 35) explain that, ‘young people’s sporting and leisure involvement continues to be subject to the social dynamics of socioeconomic status’. By this it is assumed that social, cultural and economic dimensions of social class can influence physical activity engagement via the various attitudes, values and preferences that impact upon behaviour (Bourdieu and Passerson, 1977; Roberts and Brodie, 1992; Kew, 1997; Collins, 2003; Field, 2003). To expand on this point, Kew (1997) found that early social experiences can determine the attitude and behaviour of sport and physical activity. Green (2002: 174) agrees that, ‘young people’s early experiences are likely to have profound implications for their subsequent patterns of participation in sport and physical activity’.

Accordingly, deprivation has a significant role in the opportunity afforded to engage in sport and physical activity, and is of particular relevance in this study given its location within an area of socioeconomic deprivation in the north-east of England. Deprivation can impact considerably on factors related to physical activity such as health, education, crime, regeneration, and social inclusion. Given that these are the key themes of the Wear Valley SAZ, it is imperative that the impact of deprivation on these various factors be established in an attempt to decipher the saliency of the link between deprivation and physical activity and the inter-relationships between the key themes.

Deprivation refers to the loss or denial of something, usually, money, food, rights or a combination of the three. Indeed, Townsend (1987: 126) stated that:

deprivation takes many different forms in every known society. People can be said to be deprived if they lack the types of diet, clothing, housing facilities and fuel and environmental, educational, working and social conditions, activities and facilities which are customary, or at least widely encouraged and approved, in the societies to which they belong.

Furthermore, deprivation is typically conceptualised in terms of poverty. However, rather than absolute poverty, as is witnessed frequently in developing countries, in the UK and in western civilisation as a whole, poverty is normally referred to in more relative terms, whereby the basis for comparison is on socially accepted norms of acceptable living conditions. This is susceptible to change and is likely to fluctuate between individuals, communities and society as a whole (Bailey et al., 2003). For instance, the income of one family in a neighbourhood is compared with other families and other neighbourhoods to gain a sense of relative deprivation. There has been a recent shift from the notion of deprivation and poverty to the relatively new phenomenon of social exclusion, first developed as a sociological concept in France (Belfiore, 2002). Its newness and subsequent lack of empirical research have resulted in a situation in which a generally accepted definition is difficult to ascertain. Consequently, methodologies for the measurement of this concept are yet to be fully established (Atkinson, 2000). However, according to Young (1999) post-modern economic and social transformations were responsible for the shift from an inclusive to an exclusive society, and the concept of social exclusion endeavours to reconceptualise the factors that characterise social exclusion. Thus, social exclusion provides a more encompassing and multidimensional means of viewing deprivation by placing a major emphasis on the cultural and social dynamics of social inclusion

rather than the material issues of income and expenditure (Belfiore, 2002). The deprivation versus social exclusion debate is ambiguous to say the least, and the terms are often used interchangeably. Indeed, Bailey et al. (2003) refer to deprivation in terms of possessing both material and social dimensions and the opportunity afforded to individuals to participate in normal community life. They propose that deprivation is caused by a multitude of factors, but it is individuals who are deprived rather than an area, with the physical and social environment contributing to this deprivation.

Because of the lack of an absolute definition, researchers have highlighted an array of possible characteristics relating to social exclusion. Moreover, Berghman (1995) highlighted the importance of the denial of citizenship rights as a contributing factor to exclusion. Commins (1993) took this discussion one step further by saying that the societal institutions in which citizenship rights are actualised should be taken into account. He argues that there are four systems that promote integration at different levels, and that these must be satisfied at all times in order to prevent social exclusion from arising. Commins (1993) refers to the legal and democratic system, the labour market, the welfare system and the family and community system. Thus, the collapse of one or more of these systems will result in the social exclusion of the individual or community concerned. The denial of access to the social, occupational and welfare constituents that define modern citizenship increases the vulnerability of such socially excluded groups to multidimensional disadvantage (Atkinson, 2000).

With regard to regeneration and neighbourhood renewal there has been a Europe-wide attempt to challenge social exclusion through the establishment of partnerships involving public, private, voluntary, and community sectors of society in locally-

based regeneration initiatives (see Chanan, 1997; European Commission, 1997; Parkinson, 1998; Turok et al., 1998). It is the very essence of community participation that facilitates the effectiveness of schemes through bestowing a sense of empowerment on local people. Such empowerment ensures that all community groups are drawn into the decision making process and therefore helps build community capacity. Problems considered by local residents to be of great importance are adequately addressed through the development and disclosure of innovative ideas and a desire to have a say in issues that are of importance to them (McGregor and McConnachie, 1995; Atkinson, 2000). Accordingly, involvement of local communities from the outset will help to ensure that they have a real involvement in the setting of the regeneration agenda, facilitating a reduction in any previous cynicism felt by local residents and hopefully engendering a more positive bond between the local people and the Government (Atkinson, 2000). This in itself is one means of enhancing social inclusion. Regeneration can be perceived in terms of a learning curve, and because of the multifaceted nature of social exclusion, designated area-based initiatives are often a process of trial and error to determine the best approach to tackle a particular programme. Partnership working is of crucial importance in order to pool the strengths of the different societal sectors and work towards a common good whilst avoiding duplication.

In terms of the impact of physical activity, PAT 10 states that, 'arts and sport, cultural and recreational activity, can contribute to neighbourhood renewal and make a real difference to health, crime, employment and education in deprived communities' (PAT 10, 1999: 8). Such a statement, and indeed public and Government investment, suggests a real belief that sport can contribute to social inclusion and neighbourhood

renewal by enhancing community accomplishment in the four key indicators disclosed above. As social inclusion is about facilitating opportunities to be more involved in society, renewal initiatives must be designed and implemented with the socially underprivileged in mind, as it is these individuals who are suffering exclusion as a result of deprivation (Belfiore, 2002). However, one contentious issue remains: the lack of indisputable evidence to support the hypothesis that sport and the arts do indeed yield a positive contribution to social inclusion and subsequently neighbourhood renewal (Coalter et al., 2000; Belfiore, 2002; Coalter, 2005). This view suggests that the only necessary 'good' that sport offers is a personal benefit in the pleasures associated with participation, implying that there is no necessary social good, but this contradicts the beliefs of the UK Government and Sport England. Furthermore, the use of public funds demands more conclusive evidence. However, although governments demand evidence of the contribution their money is making, perhaps one could take the stance of Biggs (1996) and accept art and sport for what they are - part of culture. As Biggs stated, 'culture is a successful regenerator because it is an end in itself: the activity is inseparable from the achievement' (p. 62).

Having discussed the socioeconomic factors that impact upon physical activity participation and the concepts of deprivation and social exclusion, it is appropriate to look at the impact that deprivation (social exclusion) has upon the key SAZ themes. Thus, the sections that follow will focus on the impact of deprivation upon health, education and crime.

2.3.4 Deprivation and Health

In accordance with McLaren and Bain (1998), health can be affected by a multitude of factors, namely physical and socioeconomic factors such as income and pollution, intrinsic factors such as genetics and behaviour, and health service factors including provision, access and utilisation. Indeed, Benzeval et al. (1995a) and Evans and Kantrowitz (2002) list factors such as diet, clothing, housing, consumer durables, environmental hazards, local facilities and working conditions as examples of the material and physical environmental potential determinants of health. Furthermore, Link and Phelan (1995), Turrell and Mathers (2000) and Duncan et al. (2002) found that disparities in health are caused by disparities in socioeconomic status and therefore in income, education and occupation. It is believed that in deprived areas these factors are more likely to be negative, meaning that individuals have a greater chance of suffering from poor health and lack the resources to prevent or treat the problems arising (McLaren and Bain, 1998). This suggests an inverse relationship between health and socioeconomic status, in that the lower the socioeconomic status of an individual, the higher the chance of being affected by poor health. Stronks et al. (1998) suggest that this can be attributed to behavioural, material and psychological risk factors which are more prevalent amongst the more deprived communities. Thus, it is not solely income that impacts upon health but other facets of deprivation like education, culture and occupation, and the causes can be both direct and indirect via psychological and behavioural mechanisms (Stronks et al., 1998). A number of authors agree that it is the social factors related to deprivation that are more closely associated with health (Baxter, 1990; Marmot and Wilkinson, 2001; Braveman and Gruskin, 2003). Indeed, Stronks et al. (1998) believe that the prevalence of health problems amongst individuals and communities with a low income is the effect of

psychological and behavioural mechanisms given that there is a lack of evidence to demonstrate that a low income leads to poor health. However, Benzeval et al. (1995b) suggests there is a difference between males and females with respect to material and social deprivation in that material events and excessive drinking are likely to be the causes of ill-health amongst men, whereas women ascribe social deprivation as having a greater impact. This suggests that different sexes respond differently to deprivation. To generalise from previous research, it is hypothesised that although poor health is not a direct result of deprivation, it is indirectly affected through the effects of deprivation. A lack of income inhibits an individual's ability to provide adequate health requirements such as food, shelter and meaningful integration within society, thereby aggravating the risk of health problems.

There is a lack of understanding with regard to the causal mechanisms that link deprivation and health. However, a range of possible factors such as poor housing, inadequate food intake, and a lack of leisure activities are suggested to be the reason for the increased risk of health problems amongst individuals of a low socioeconomic status (Stronks et al., 1998). Examples of physical diseases that affect people of low socioeconomic status to a greater extent include cardiovascular disease, hypertension, arthritis, diabetes and cancer (Pamuk et al., 1998). Furthermore, living in relatively poor conditions deficient of material and social resources encourages the engagement of unhealthy behaviour such as smoking, unhealthy eating, and inadequate physical activity participation as a means of coping, thereby exacerbating the effects of poor health (Graham, 1993). Referring back to the components of health as stated by the WHO, it should be borne in mind that it is not just physical health that is affected by deprivation. It is also possible that mental health could be adversely impacted upon

via the psychological mechanism of self-esteem caused by living in conditions of socioeconomic deprivation (Benzeval et al., 1995; Stroebe and Stroebe, 1995). Alder and Newman (2002) maintain that socioeconomic status health effects of the social environment may bear more importance in terms of health promotion than effects of the physical environment. For example, deprivation contributes to more stressful environments in which to live and work via factors such as economic strain, vulnerable employment status, lack of control at work, and social isolation. Thus, this health behaviour is more likely to increase the risk of stress (Alder and Newman, 2002).

2.3.5 Deprivation and Education

It is apparent that education may well be the key to addressing these issues of socioeconomic deprivation and related health inequalities. It is widely agreed that education is the resource responsible for imparting knowledge and life skills in an attempt to gain access to health promotion resources and information. Thus, education affects future occupational opportunities and earning potential (Sparkes, 1999; Alder and Newman, 2002). Consequently, the greater an individual's income, the more capacity s/he possesses to procure quality healthcare, nutrition, housing, education and leisure. Therefore, education is an important resource for enhancing social mobility through imparting skills and knowledge, ultimately contributing positively to human capital (Acheson, 1998; Sparkes, 1999). This is corroborated by Bailey et al. (2003) who state that education in itself is a means to an end and therefore has the potential to contribute positively to individuals' quality of life. Wadsworth (1997) agrees stating that the greater the education, the better the adult

behaviour and therefore the less likely an individual is to smoke, eat inadequately and undertake insufficient exercise.

Taking a more comprehensive look at the literature pertaining to the links between education and deprivation, it is apparent that the generation and sustainability of social exclusion stem from low levels of educational attainment (Acheson, 1998; Sparkes, 1999). And what is of particular interest to the present study is that educational attainment is lower in the north-east of England than it is in the south, but girls are higher achievers than boys of the same age (Acheson, 1998). Furthermore, educational attainment is believed to be affected by family income (Boggess, 1998), one of the multifaceted measures of social exclusion. Thus, a low income can contribute to heightened social exclusion and thereby adversely impact upon educational attainment. In addition, parents play an important role in a child's education and living in a single parent or step parent family may produce a negative effect on educational achievement. This is because the child has a greater chance of being subjected to a multitude of marital disruptions and may therefore experience greater levels of family stress, and diminished access to community resources (Boggess, 1998). Social exclusion may also exacerbate parental stress and depression leaving them incapable of fully participating in their children's education (Acheson, 1998). In addition, schools in deprived areas are more likely to have restrictions in terms of space and be degraded by litter and graffiti resulting in more stressful working conditions and an inability to take full advantage of the available learning resources and opportunities (Acheson, 1998). However, schools are believed to be critical in improving children's skills and knowledge and children of a low socioeconomic status appear to profit differentially from such enhancements (Sparkes,

1999). The difficulty is that children with adverse family backgrounds are more likely to be absent from school and this therefore contributes to educational deprivation (Bailey et al., 2003) and educational deprivation in early life contributes to poor adult health (Bynner and Parsons, 1997).

Furthermore, the Acheson Report (1998) advocates that inequalities in health are compounded by a lack of or poor educational attainment. It is posited that education can determine job acquisition and the resultant material resources, suggesting that this may be the best route out of poverty for the socially excluded. Furthermore, education provides essential knowledge and skills as previously discussed as well as increasing children's awareness of specific responsibilities and how to work together to create a harmonious society (Acheson, 1998). Thus, if schools are to impact significantly upon health within deprived areas greater resources are required within these particular localities.

Having identified the issue, many of the illnesses observed would be prevented or ameliorated through the incorporation of appropriate exercise (30 minutes of moderate activity at least five times a week for adults), advocating the necessity for education in conjunction with other facilitators of change such as a better transport infrastructure and increased social support. Indeed, General Practitioners (GP's) advocate the psychosocial benefits of participation in physical activity such as socialisation and increased support, enhanced self-esteem and relaxation (Scully et al., 1998) and GP's can therefore be a good educational resource.

2.3.6 Deprivation and Crime

Poor educational attainment and lack of attendance at school can also contribute to the problem of criminal activity and antisocial behaviour. This claim is substantiated by the work of Krohn (1976), Kawachi et al. (1999) and Rutten et al. (2007) who speculated that the greater the rate of economic deprivation the higher the crime rates. Kawachi et al. (1999) suggests that the maintenance of collective societal wellbeing requires the vital ingredient of social cohesion and that the existence of crime reflects the poor quality of social relationships among citizens and a lack of social buffers such as church and neighbourhood groups. In addition, Lynch et al. (1997) found that people of a lower socioeconomic status were more resistant to modifying risk behaviour than their more privileged counterparts.

It is thought that criminal activity amongst socially excluded individuals and societies reflects a combination of adverse family, individual, school and peer influences that all coalesce to increase an individual's susceptibility to crime (Fergusson et al., 2004). Thus, individuals from socio-economically disadvantaged areas display a greater propensity to commit crime. Rutter et al. (1998) agree with these findings and suggest that the effects of prolonged economic stresses such as parental depression, marital conflict, poor parental discipline and parental behaviour, increase the risk of antisocial behaviour amongst socially excluded communities. These findings are also supported by a number of other researchers (Farrington, 1990; Conger et al., 1992; Sampson and Laub, 1993; Dodge et al., 1994; Kazemipour and Halli, 2000; Kramer, 2000; Ludwig et al., 2001).

Fergusson et al. (2004) propose four theories that may explain the link between socioeconomic status and crime. Firstly, that of strain theory whereby imbalances in society cause predisposed individuals to engage in criminal behaviours. Secondly, differential association implies that deviant behaviour is a result of a greater exposure to criminal peers and environments by individuals of a low socioeconomic status. Thirdly, the social learning perspective proposes that early learning experiences such as maladaptive child rearing can act to predispose young people to criminal acts, thereby indicating that children from different social backgrounds are brought up very differently. And fourthly, social control theory explains criminal activity as the breach of social bonds (such as parental and school attachment) through the weakening of networks of informal social control evident in the more impoverished communities.

However, although a number of researchers believe that social deprivation is a cause of criminal activity, whether it is direct or indirect, not all agree. For example, Weatherburn (1992) believes that the causes of such unacceptable behaviour lie within the attitude of the wayward individual and cannot be attributed to the fact that an individual suffers from deprivation. The justification for this is that the majority of impoverished individuals do not commit criminal offences and therefore there must be another mechanism responsible that encourages such behaviour (Weatherburn, 1992). However, he does agree that if an area is subjected to prolonged periods in relative deprivation then there are certain mechanisms, most of which are unknown, that augment criminal participation rates and consequently the proportion of the population who are classed as offenders.

It is suggested that increases in short-term economic adversity simultaneously augment the number of offenders within a community (Weatherburn, 1992). There are a number of theories that attempt to explain this occurrence. Firstly, Cloward and Ohlin (1960) believe that the presence of a significant disjunction between aspirations and the availability of the means to achieve them produces a delinquent sub-culture. Secondly, Braithwaite (1989) propose that communal bonds are disrupted by the existence of relative deprivation within a community. And lastly, Loeber and Stouthamer-Loeber (1986) suggest that poverty is a mechanism for weakening parental supervision and control. Thus, if all the aforementioned theories are to be accepted then the development and existence of social exclusion would undoubtedly contribute to an increase in the presence of societal offenders. Due to the contentious nature of the social exclusion-criminal activity debate, it is clear that this area would benefit greatly from supplementary research to clarify the mechanisms behind such adverse behaviour and societal disruption.

However, whilst the factors that contribute to and emanate from social exclusion are of fundamental importance to the notion of Government initiatives such as SAZs, the author is of the opinion that there are three key components that help to capture and conceptualize the very essence of this particular initiative: Empowerment, Attitude and Sustainability. Without these three ingredients it is believed that such an initiative cannot successfully exist and thus, these will be the basis of discussion for the remainder of this chapter.

2.4 Physical Activity – The Power of Empowerment

The notion of empowerment is of fundamental importance to the success of the SAZ, symbolic of the ethos of the initiative whereby the approach is about community involvement (Sport England, 2003a). It refers to the ability of a population to influence and control decision making and the implementation of ideas (Kaufman and Alfonso, 1997) and is therefore indicative of decision-making power. Indeed, it is argued that the ability of an intervention to effect behaviour change is dependent on community involvement in all stages of the project design and implementation (Taylor et al., 1998). Effective citizenship is a concept closely related to empowerment (Higgins, 1999; Andrews et al., 2006) and refers to the opportunity afforded to individuals to participate in community issues, as well as possessing the skills, knowledge and self-assurance that they can create an impact within that community (Andrews et al., 2006). Thus, empowerment is a prerequisite for effective citizenship, but is often lacking in communities that are adversely affected by socioeconomic deprivation. Prime et al. (2002) in their conclusion to the findings from the 2001 Home Office Citizenship Survey found that individuals who reside within deprived communities participate less in community-based and civic activities, suggesting that socio-demographic factors such as low educational attainment and lower incomes could be accountable for this lack of involvement. These findings are further supported through the work of Farrell and Shields (2002) and Seefeldt et al. (2002). Thus, education and increased incomes could be perceived as prerequisites to effective citizenship and consequently, enhanced feelings of empowerment and contentment within society. This again serves to highlight the importance of education in the regeneration of disadvantaged communities, if only for the reason

that the greater the educational attainment, the greater an individual's employment prospects and potential earnings.

Taking this one step further, it can be hypothesised that education will be the key to changing the attitudes and associated behaviours of future generations. Thus, by educating people from a young age and helping them to make informed decisions with regard to health-related behaviours, it is possible to impact positively upon the UK Government target of achieving a 70% participation rate. Of course, it is possible to change the attitudes and behaviours of older generations, but it is much more difficult to amend the beliefs and actions of individuals once these actions have become habitual and routine. Indeed, the concept of *habitus* is important in understanding participation in sport and physical activity. It refers to the combination of an individual's habits, appreciations and perceptions, characterized by their social class, and is instigated from early childhood (Wright et al., 2003; Macdonald et al., 2004). Thus, 'the disposition to engage in physical activity arises from a complex interplay of various capitals – economic, social and cultural capital – that constitute a family's cultural disposition towards physical activity' (Macdonald et al., 2004: 310). For an attitude to be modified, the attitude and activities related to it must fail to provide continued satisfaction, or the related aspirations of the individual involved must be raised (Katz, 1960). Hardeman et al. (2002) suggest that behaviour is determined by the intention to act, which in turn is determined by the attitude toward the behaviour. This is known as the Theory of Planned Behaviour (Ajzen, 1991) and can be considered as part of the strategy for physical activity interventions. Indeed, studies have utilised this theory to predict and explain exercise behaviours (Godin, 1993; Blue, 1995). With regard to young people and the development of a positive attitude

to health-related behaviour, Christodoulos et al. (2006) argue that the promotion of physical activity behaviours and healthy habits during childhood may reduce some of the causes of morbidity and mortality, and enhance the longevity of participation in beneficial health behaviours.

It is imperative, however, that such a target has a realistic timescale as the modification of attitude and behaviour must be viewed as long-term rather than quick-fix solutions (Coalter et al., 2000; Long and Sanderson, 2001; Morris et al., 2003). It is these long-term solutions that will increase the likelihood of sustainable participation in health-related behaviours such as involvement in adequate physical activity (Prochaska and DiClemente, 1992).

Active citizenship and education can be viewed as reciprocal notions. This means that a sound education can facilitate active citizenship, but also that active citizenship can facilitate education. According to Andrews et al. (2006) participation in a community's activities can open up opportunities to take part in training and acquire skills and competencies which may present them with further avenues to employment. Furthermore, not only can education contribute to the creation of attitudes and beliefs but so too can participation in community activities through confidence and self-esteem (Andrews, 2006). Moreover, involvement in sport can take on many forms, including that of sporting provision and facility management and therefore potential employment. The creation of new physical activity initiatives and/or facilities and clubs create employment opportunities as they seek to find individuals capable of running and organising such events.

Active citizenship contributes to the empowerment of communities, thereby contributing to a socially cohesive society and one which shares a common purpose. Therefore, it is believed that sport can contribute to this goal not only through the act of participation but through the process of volunteering as voluntary work affords individuals the opportunity to contribute to the development of their particular community (Coalter et al., 2000). Subsequently, the multifaceted benefits of sport can be obtained through mechanisms such as volunteering and can therefore be seen as a means of 'active citizenship' (Coalter et al., 2000).

Avoiding complacency is fundamental to the progression of project activities (Sallis, 1998). A regular community forum is one way to ensure that the whole community can express an opinion regarding the provision of physical activity opportunities. Indeed, community participation in the development, implementation, and evaluation of health-related interventions is essential for effective delivery (Braithwaite et al., 1994). This is true for both adults and children. Children are considered to be valuable contributors to consultation as they often have a different perspective about an area's problems and constructive suggestions about how they should be addressed (Home Office, 2004). Similarly, focus groups and interviews may also be of use here and will automatically help to enhance social inclusion through getting more people involved and empowering them to speak for themselves (Scottish Executive, 2004). Empowerment is an important feature of research in order to bestow a sense of ownership, control and involvement upon communities. Hence, interventions need to be informal, flexible and empowering if they are to prove successful (Skille and Waddington, 2006).

The Joseph Rowntree Foundation (1999) notes that community involvement works because communities often have a pioneering perspective with the ability to see problems in new ways, programmes can be delivered which more accurately target local needs, the resulting projects are more acceptable to the local community, and programme outputs which have been designed with input from local residents are likely to last longer because communities feel ownership of them. Barr (1997) believes that community empowerment should help improve the quality of lives of disadvantaged people through real material gains. Furthermore, Kumar (2002) suggests that people's participation in the development process is crucial if the development is going to be sustainable for years to come. Thus, effective citizenship is essential in the creation of sustainable communities whereby engagement is effective in developing community knowledge, skills and confidence (Andrews, 2006). Indeed, the importance of sustainability as an ingredient in successfully implemented initiatives will be discussed at length in the section to follow.

2.5 Sustainability of Participation Opportunities

Sustainability of physical activity participation is an equally important consideration to empowerment, and volunteering is of particular relevance to this sustainability. As aforementioned, individuals who are less interested in taking part in physical activity can contribute to their communities through becoming a volunteer, a mechanism upon which sport is heavily reliant in terms of coaches, administrators, referees, umpires and organisers (Coalter, 2000). Thus, in terms of sustainability of sporting provision and opportunity, the United Kingdom is indebted to its pool of volunteers and needs to ensure a continued contribution to sport in this way. With regard to health, the Chief Medical Officer (Department of Health, 2004a) acknowledges evidence to show

that an inactive lifestyle has a considerable negative effect on both the individual and public health. It is also clear that the risk of premature death is reduced by 20-30% and the risk of developing major chronic diseases such as stroke, CHD, diabetes and cancer can be reduced by up to 50% in adults who are physically active (Department of Health, 2004a). Furthermore, the cost of physical inactivity in England (both direct and indirect) has been estimated at £8.3 billion per year (Department of Health, 2004a). In addition to physical well-being, it has also been noted that physical activity has a positive impact on psychological health and social interaction (Department of Health, 2004a). Thus, the needs and wants of local people of all ages need to be established along with their attitudes toward physical activity and their reasons for participation or non-participation. Indeed, there must be provision for the long-term sustainability of successful schemes, and the community itself features as a key resource in the achievement of such a feat (Chanan and West, 1999).

Sustainable funding for sporting and physical activity interventions is more likely if sporting and physical activity projects can claim the provision of a contribution to wider aspects of the community (Coalter, 2000). Such aspects can be thought of in terms of personal, communal and national benefits such as enhanced physical and mental health, better self-esteem and self-efficacy, socialisation and integration within different sections of the community, social cohesion and a better quality of life, a reduction in crime and antisocial behaviour and subsequent reduction in law and order costs, increased job opportunities, improvements to the built and natural environment, enhanced identity and prestige and a reduction in health costs (Collins et al., 1999). Moreover, the creation of sustainable transport infrastructures can also positively contribute to the sustainability of everyday physical activity. The expansion of ways

that people can easily introduce physical activity into their daily routines will enable the Government to achieve its target of ensuring 70% of the population are active enough to benefit health. Accordingly, Sustrans (2006) claims that simple, cost-effective initiatives can make a real impact on both people's health and the environment. Sustrans recommends that the Government invests in better public transport, walking and cycle routes, together with educational campaigns and incentives to increase awareness and encourage individuals to change their current travel choices and enhance their health and well-being, impacting positively upon the economy as a result. A further consideration relevant to sustainability is the establishment and maintenance of exit routes in terms of additional and progressive sporting and activity opportunity and provision, both at a recreational and competitive level. For example, there need to be strong links between schools and local clubs and between clubs and a higher standard of competition (regional and national). This is essential if young people already engaged are to continue their participation into adult life and maximise their potential. Indeed, as Blake (2004) identifies, there needs to be a progressive and structured programme with suitable exit routes in order to reap fully the benefits of getting young people involved in physical activity.

As well as sustainable physical activity per se, it is important to specifically emphasise sustainable female engagement. However, it is important to highlight some discrepancies in participation data. The Department of Health (2002) state that 61% of girls aged 5-18 achieve the recommended amount of physical activity, but activity levels still decline with age. On the contrary, according to the Joint Health Survey's Unit (1998), by the age of 15 only 36% of girls participate in physical activity of the recommended levels to benefit health, as opposed to 71% of boys. This

may be a consequence of one or a number of factors including differences in the size and location of the sample used to collate the data, differences in the measure of activity employed and data collection tools, or that between the ages of 15 and 18 there is a dramatic increase in the level of activity undertaken by young females. Whatever the issue, it is clear that greater consistency in participation data would be beneficial. Nevertheless, given the consensus that on the whole, females are less active than their male counterparts (Joint Health Survey's Unit, 1998; Department of Health, 2002; Duncan et al., 2004) it is recommended that appropriate community programmes should facilitate the regular involvement of a greater number of females in sport and physical activities (WHO, 2003). Moreover, Duncan et al. (2004) suggest that policies aimed at increasing young people's physical activity levels should focus in particular on girls and individuals of a low socioeconomic status. Consideration should also be given to the type of activities popular amongst females. Indeed, with the recent rise in the popularity of football amongst girls and women (Sport England, 2003b), Roberts (1999) suggests that participation in leisure has become 'genderless', and there is a trend toward female involvement in physical activities traditionally dominated by males (Green et al., 2005). Furthermore, the conditions under which females are likely to participate are also important, as it has been evidenced that females prefer to engage in female-only settings (Fisher, 2002).

Despite the importance attributed to ensuring the sustainability of initiatives such as Sport Action Zones, sustainability is very much dependant upon the development and maintenance of attitudes and a culture that is pro physical activity.

2.6 Attitude and Culture

Having discussed the importance of empowerment and sustainability, the third issue that is crucial to all aspects of the SAZ is attitude toward participation. An attitude is a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related (Allport, 1935). Attitudes have affective, cognitive, and behavioural components and are believed to be enduring predispositions that are learned and are therefore open to change (Zimbardo et al., 1977). It is often the case that, for various reasons, individuals have either a positive or negative attitude toward physical activity, subsequently influencing their behaviour. Indeed, it is thought that girls and boys develop different attitudes to physical activity very early on in life (Sport England, 2000). Furthermore, many researchers have concluded that there are consistently positive correlations between intention and attitudes and physical activity (Godin, 1993; King et al., 1993; Sallis and Owen, 1999; Biddle and Mutrie, 2001). However, attitudes are very difficult to permeate and modify, and thus, difficulties arise when individuals or communities display a negative and resistant attitude to physical activity and sport.

According to the Department of Justice Canada (1995), behaviour modification requires some form of education which includes, and transcends, knowledge to influence the attitudes that affect behaviour. Indeed, according to Social Learning Theory, an individual's future behaviour is determined through the process of learning and is affected by performance accomplishments, vicarious experiences, verbal persuasion and emotional arousal (Zimbardo et al., 1977). Thus, early educational experiences have a great potential to affect attitude formation and subsequent

behaviour, having implications for the health behaviours (including physical activity participation) of future generations. Attitude formation and transformation can also be affected through the empowerment of individuals and communities. Andrews (2006) discusses the mechanisms responsible for such a configuration highlighting the importance of enhanced self-esteem and confidence. As in other sections of this literature review, education has again been highlighted as being a vital ingredient in terms of combating social exclusion and its associated adversities.

The Transtheoretical Model of Behaviour Change has gained considerable support in its use within the physical activity and health field (Prochaska and DiClemente, 1992; Biddle and Mutrie, 2001). This model suggests the following stages of behaviour change: pre-contemplation, contemplation, preparation, action, and maintenance. Moreover, Biddle and Mutrie (2001) propose that all forms of physical activity promotion should include cognitive behavioural principles of behaviour change if interventions are to be successful. Indeed, Ronda et al. (2001) recommend that individuals at different stages of change will require different intervention strategies tailored to their individual needs. They found that those at polar ends of the model (in either the pre-contemplation or maintenance stage) displayed a less positive attitude, had diminished perceptions of social support and reduced self-efficacy with regard to increasing future physical activity levels than individuals in the stages of contemplation, preparation or action. This highlights the disparity in experiences (physical and psychological), skills, and abilities of individuals at the different stages of change (Ronda et al., 2001). However, even if attitude toward physical activity could be altered, Adams and White (2003) suggest that the Transtheoretical Model of Behaviour Change and associated activity promotion interventions are only effective

in short-term promotion of physical activity adoption. There is limited and disappointing evidence on longer term adherence (Adams and White, 2003). Indeed, Ronda et al. (2001) suggest a lapse in motivation once an individual has reached the maintenance stage, perhaps as they reach a plateau and require a new challenge. However, maintenance of appropriate physical activity levels is essential if the Government is to achieve its benchmark of initiating and maintaining a 70% participation rate within the United Kingdom. Clearly, this area and, ultimately the nation as a whole, would benefit greatly from further research.

According to Sport England (1999b), regular participation in physical activity and/or sport has been linked to an increased sense of identity and improved self-esteem, and may therefore be an ideal vehicle for engaging the most vulnerable young people in society. Furthermore, there are strong theoretical arguments for the potentially positive contribution which sport can make to reduce the propensity to commit crime, although Collins (2002) suggests that this contribution is most effective when combined with programmes that seek to address wider personal and social development. Any project that endeavours to act as a diversion from unfavourable behaviours must provide some form of education in an attempt to promote a change in both attitude and behaviour. Moreover, rather than changing only the specific behaviour in question, changing underlying attitudes should help produce more enduring and insidious changes in behaviour (Zimbardo et al., 1977). *Saving Lives: Our Healthier Nation* (Department of Health, 1999) and the *Independent Inquiry into Inequalities in Health Report* (Acheson, 1998) demonstrated the importance of a sound education in promoting better health and emotional well-being of young people, particularly those who are socially and economically disadvantaged.

Furthermore, according to Morris et al. (2003), sport and physical activity programmes can have a positive impact upon behaviour by facilitating the personal and social development of the young people involved. This is achieved by addressing the underlying risk factors that predispose individuals to certain behaviours such as family and peer group influences (Morris et al., 2003).

2.7 Sport Action Zones – A New Way of Working

The notion of SAZs reflects the redefined concept of sport development. There has been a distinct switch from the initial ‘top-down’ and prescribed approach of sports development (such as the Action Sports Initiative in the 1980s) to a bottom-up (community) approach, with empowerment (through community involvement) being a determining factor in the success of physical activity initiatives (Hylton et al., 2001).

As opposed to sport participation being perceived solely in terms of a route to sporting excellence, it is considered a multidimensional concept whereby participation can be a route to excellence, but can also be a means of social inclusion and regeneration through the development of a reciprocal relationship with the notions of education, health and crime. Thus, sport development can be defined as the use of sport and physical activity opportunities for the development of society and sporting excellence.

Social inclusion is at the heart of the remit of New Labour’s physical activity strategy. Bringing Britain Together: A National Strategy for Neighbourhood Renewal (SEU, 1998) and the resulting PAT groups established in 1998 to tackle the various issues of social exclusion were developed along with relevant agendas to put the theoretical

perspectives into practice. SAZs were an outcome of the PAT 10 report. Indicative of the new sport development ethos, the PAT 10 report (1999: 2) stated that:

sport can not only make a valuable contribution to delivering key outcomes of lower long-term unemployment, less crime, better health and better qualifications, but can also help to develop the individual pride, community spirit and capacity for responsibility that enable communities to run regeneration programmes themselves.

However, this rhetoric is presumptuous and as discussed previously, there is a distinct lack of empirical research to corroborate such assertions. Therefore, enhanced research regarding why people take part in physical activity and/or sport is imperative not only increase current knowledge and understanding in this area but also improve the nation's ability to contribute to the ultimate Government target of a 70% participation rate.

Participation in sporting activities is suggested to yield benefits to the individual, community and society as a whole through the mechanisms of personal and community development, social justice, health, education, inclusion, and economic provision (Scottish Executive, 2004). As discussed above, involvement in physical activity and sport can potentially facilitate improvements in school behaviour, reductions in truancy and the propensity to commit crime or acts of antisocial behaviour, and enhance both educational attainment and employment prospects. It can produce differing outcomes amongst different target groups. For example, organised walks tend to attract those from older generations mainly due to the opportunities to create extensive social networks. This helps to produce both physical and psychological benefits, and therefore ensures that all three of the essential components for 'health' are realised (WHO, 1958).

The relationship between physical activity and health, community safety, social inclusion and education and lifelong learning in respect of areas of socioeconomic deprivation and the numerous barriers that exist to restrict and repress opportunities for participation amongst individuals who reside within these very communities has been acknowledged. The salience of the potential contribution of physical activity to the aforementioned concerns cannot be underestimated despite the limited evidence that exists. Indeed, as sport and physical activity participation are considered to possess the capacity to contribute positively to notions of social inclusion in terms of the individual, the community, the nation, and globally, research is required to demonstrate further the benefits of sport and physical activity engagement and related initiatives in differing areas and countries around the world. By emphasising the concept of sport development in terms of community empowerment and highlighting the mechanisms and reasons for successful projects that adopt this approach, a body of evidence can be compiled to justify this notion as an essential feature of future physical activity initiatives.

CHAPTER 3 – METHODOLOGIES

3.1 Location Within a Research Paradigm

A paradigm is a perspective or ‘world view’ that identifies the nature of (social) being or existence (ontology), the relationship between the researcher and the researched or nature of knowledge (epistemology), and the methodologies employed to gather the data to answer a research question (Sparkes, 1992; Maykut and Morehouse, 1994; Morris, 2006). The paradigmatic positioning of a researcher therefore dictates a study’s fundamental theoretical framework. The first part of this chapter considers the nature of competing paradigms and their impact upon the researcher and the researched. Numerous authors consider paradigms to be differentiated through the dimensions of ontology, epistemology and methodology (Lincoln and Guba, 1985; Guba, 1990; Patton, 1990; Cohen and Manion, 1994; Maykut and Morehouse, 1994; Denzin and Lincoln, 2003). A comprehension of these three dimensions is essential in order to appreciate the position of the researcher in relation to any particular research or study. Subsequently, the latter part of this chapter considers the methods employed within this study in relation to the specific paradigmatic alignment of the researcher.

Ontology refers to the nature of reality. It is the study of different conceptions of reality and establishes the researcher’s positioning on what can be considered a continuum from a realist to a relativist perspective. The researcher adopts a specific perspective with regard to the nature of knowledge and it is this ontological perspective that dictates their epistemological positioning. Thus, to explicate two extreme paradigm perspectives, either multiple truths exist due to the subjective

nature of knowledge acquisition (relative ontology, applicable to the interpretive paradigm) or a specific 'a priori' statement can be proven or disproved through the implementation of objective and standardised methodology (realist ontology, applicable to the positivistic paradigm). Therefore, to take a broad view, the paradigmatic positioning of the researcher dictates the ability and desire to posit generalisations from the results acquired. Ontologically speaking, this research has been undertaken from a relativist perspective, accounting for the methodologies employed.

Epistemology influences the specific nature of research questions to be asked relevant to the ontological beliefs. Thus, it is about the relationship between the researcher and their perception of reality. For example, if a realist ontology is assumed then the epistemological assumption is that objective facts, external to the researcher, are attainable; the researcher views the world from an etic point of view, or from the outside looking in. Similarly, if the ontology is relativist, then the epistemology is internal and subjective and the researcher views the world from an emic perspective, or from the inside looking out (Gratton and Jones, 2004). Consequently, the methodologies employed should be in unison with the perceived ways in which the researcher believes we gain knowledge about the world and reality, informed by their fundamental ontological and related epistemological beliefs. For instance, a realist ontology and objectivist epistemology promotes an experimental methodology that aims to prove or disprove an 'a priori' statement or research question. As such, the findings can be assumed as either right or wrong and are therefore considered to be generalisable in a wider context. In contrast, a relativist ontology and subjectivist epistemology suppose the adoption of naturalistic methodologies that do not demand

proof but aim to develop and further the nature of knowledge (Denzin and Lincoln, 2003).

This chapter presents the ontological and epistemological stance adopted by the researcher on the basis of their experiences and beliefs and overarching research question, and in doing so provides a rationale and justification for the methodological approaches employed in this study. By concentrating on the paradigm of interpretivism (a subjective perception of reality), it highlights the ontological, epistemological and methodological assumptions relative to this study. Consequently, the location of this particular study is established and examined in greater detail.

3.2 Positivism versus Interpretivism: Paradigm Polemics

Paradigms offer ‘different sets of lenses’ through which to view the world and make sense of it (Sparkes, 1992). Therefore, the nature of the research question becomes paramount. The goal is always to answer the research question(s), but such answers will be framed by the specific paradigmatic orientation of the researcher. Therefore, an individual’s paradigmatic stance determines the kind and nature of knowledge they consider to be valuable and can be gleaned about the subject or research focus (Morris, 2006). Sparkes (1992) argues that it is the process of socialisation that contributes to the development of specific values and beliefs which, in turn, contribute to the cultivation of clear ontological and epistemological assumptions. People are exposed to differing life and educational experiences as they mature and an individual’s beliefs are shaped by their personal experiences and interpretation of events. Consequently, in terms of the location of this particular research and debate,

the process of socialisation is extremely subjective and thus, individual interpretations will differ.

The contradictory paradigms of positivism and interpretivism can be viewed in terms of the environment and perceptions of human nature (Sparkes, 1992). For example, a voluntaristic stance of human nature suggests that people have control over their lives and knowingly contribute to the creation of their environment. In contrast, a deterministic approach considers people as products of the environment and, as such, believes that they are subconsciously conditioned by circumstances outside of their control (Sparkes, 1992). The latter is synonymous with the assumptions of positivism (realism) and the former with the ontological and epistemological nature of the interpretivist (relativist) paradigm.

There exist numerous competing paradigms, each of which is located along a continuum somewhere between positivism and interpretivism, the two fundamental paradigms referred to within this chapter. Given the nature of this study, it is pertinent to examine the notion of interpretivism to gain a more comprehensive understanding of the study's location and the interpretation of results.

3.2.1 Interpretivism

The interpretive paradigm contests the objective reality assumed by the positivistic view of the world and looks at alternative means of making sense of reality (Patton, 1990; Sparkes, 1992; Cohen and Manion, 1994; Maykut and Morehouse, 1994; Denzin and Lincoln, 2003). It first emerged in the 19th century as a critical reaction to the opposing paradigm of positivism. In an attempt to comprehend the world as it is

from subjective experience, the interpretive paradigm views the world as a consequence of socialisation (Burrell and Morgan, 1979). Thus, it is important that researchers, whose beliefs position them within this framework, endeavour to determine the fundamental meanings that motivate social life (Burrell and Morgan, 1979). Indeed, interpretivism assumes a subjective and therefore relativist reality (ontology) in which the researcher and the researched are interdependent factors that combine in an attempt to discover reality together. To generalise, researchers who adopt the ontological and epistemological assumptions of interpretivism, are of the opinion that the social sciences, unlike the natural sciences, do not deal with a succession of inorganic and impassive objects that are independent and external to the individual (Sparkes, 1992). Indeed, Ball (1990: 167) argues that ‘the presence, the effect, and the biases and selections of the researcher cannot be removed from interpretive research. Interpretive research cannot be made ‘research proof’.’ Moreover, it is possible for environmental and situational factors to affect the human behaviours observed as part of a study. Smith (1983: 35) argues that:

.....society is the result of conscious human intention and that the interrelationships among what is being investigated and the investigator are impossible to separate. For all people, lay people and social scientists alike, what actually exists in the social world is what people think exists. There is no objective reality as such, which is divorced from the people who participate in and interpret that reality.....From this perspective, human beings are both the subject and the object of inquiry in the social sciences, and the study of the social world is, in essence, nothing more than the study of ourselves.

Subjective interaction is the only way to access realities in such a paradigm, as these realities only exist in the minds of those being researched in a particular study. Explanation of causality is more important than its identification. Thus, the methodological approach is hermeneutical whereby the researcher seeks to interpret

the behaviour or subject of enquiry in relation to situational and environmental factors (Sparkes, 1992; Denzin and Lincoln, 2003; Morris, 2006). Nevertheless, advocating such a perception negates the ability to generalise about the subject or issue under investigation. In a world of multiple realities, generalisation is a matter of extent rather than absolutes, as within the realm of social science, future behaviour can never be predicted and behaviour must be explained in relative terms and in relation to the context of the study itself.

Furthermore, the importance of relativism should not be underestimated, as it is this concept that is vital in the advancement of knowledge and paradigmatic constructions. It assumes that numerous interpretations of a study will always exist and that for this very reason a singular truth of such constructions cannot be established (Sparkes, 1992). To expand on the notion of relativism Morris (2006) suggests that each and every individual has their own viewpoint from which they see the world and as such, human experience must be understood as a subjective reality. If we take this stance then it could be hypothesised that individuals may choose to view the world from the perspective of either a subjective or objective reality. Further, it is our individual beliefs that shape our choice and therefore, if each individual's choice is unique then belief must be considered subjective. Subsequently, it could be argued that all paradigms are subjective to a certain extent. This is an important concept to comprehend given the nature of this particular study and the positioning of the researcher in relation to the interpretive research paradigm. The researcher believes that data are always open to multiple interpretations and is therefore unable to avoid subjectivity.

However, the issue of generalisation does not have to be perceived as inhibitive or problematic to the research process or resultant findings. Harris (1983: 92) points out that 'two or more interpretations often lead to a richer or broader view of a culture than any interpretation could provide alone.' Indeed, the author concurs with Smith's perception of reality here, hence the interpretive methodology adopted and the perception of generalisation as a continuum of extent.

The mind identifies its own set of categories in relation to a particular research problem or issue and thus plays a central role in edifying the multiple realities that are believed to exist in answer to a particular research question (Sparkes, 1992). Sparkes (1992: 27) also states that, unlike the opinion of the positivist, 'the knower and process of knowing cannot be separated from what is known, and the facts cannot be separated from values.' The mind and the object are inextricably linked together. This suggests that the focus of study for interpretive researchers is the interest and resolution of people and their (un)intentional behaviour. Indeed, social reality can be continually re-constructed in accordance with such interests and in an attempt to understand the world from the object of study's perspective (Sparkes, 1992). The researcher is concerned with the understanding and accurate portrayal of situations and behaviours via the acceptance of the existence of multiple realities. Such a multitude of realities facilitates our understanding of why individuals think and behave in such a diversity of ways (Fetterman, 1989). However, a researcher's interpretation is based on a systematic and transparent process, and this process remains constant so that it can be used by others whilst minimising issues of reliability and validity. Thus, whilst different researchers could gather the same data,

their interpretations of that data may vary depending upon their previous research knowledge and experience, together with their knowledge of the researched.

It is important to acknowledge ambiguities associated with terms such as interpretivism and qualitative research. They are often used interchangeably even though they are different. The term 'qualitative' is often aligned with the interpretive paradigm and therefore raises the issue of subjectivity. However, that is not to say that a researcher adopting an interpretive approach cannot employ quantitative methods. The principal and guiding beliefs that dictate the ontological assumptions will still manifest themselves in the subsequent epistemology. Therefore, the assumption that quantitative methodologies are only utilised in a realist sense, and are therefore free from subjectivity, is questionable.

This uncertainty therefore highlights the existence of a third paradigm positioned between positivism and interpretivism. Mixed methods research posits, unlike most purists, argue that methodological eclecticism has the potential to yield richer results than monomethod research, and that both qualitative and quantitative research methods can be significant and valuable. The researcher therefore benefits from the ability to draw on the strengths and minimise the weaknesses of the two purist paradigms of interpretivism and positivism (Burke et al., 2004), but this is dependent on the nature of the research question. Burke et al. (2004) align positivism with quantitative methodologies and interpretivism with qualitative methodologies and use the terms interchangeably. However, this current research shows that it is possible to adopt the ontological and epistemological assumptions of one school of thought or the other, yet utilise both quantitative and qualitative methodologies. One can adopt

quantitative and qualitative methodologies from either an interpretive or a positivistic perspective, and it is this very perspective that will determine the interpretation of the data gathered. Thus, two researchers of opposing ontological and epistemological beliefs may provide very different interpretations of the same research question despite use of the same methodologies. Therefore, the paradigmatic stance adopted by the researcher does not determine the methodologies employed. Rather, it is the interpretation of the data gleaned from such methodologies that is the principal factor to consider.

In order to move away from the inappropriate assumption that qualitative and quantitative methods pertain only to researchers of an interpretive or positivistic orientation respectively, it is prudent to introduce new terminology. Onwuegbuzie and Teddlie (2003) propose a re-conceptualization that unites rather than separates the terms qualitative and quantitative. They posit the subdivision of research into ‘exploratory’ and ‘confirmatory’ methods. To explain, exploratory methods are those involving quantitative data analysis techniques such as descriptive statistics, and qualitative data analysis techniques such as thematic analysis. Conversely, confirmatory methods involve inferential statistical quantitative data analysis and confirmatory thematic analysis involving the replication of qualitative studies to test the replicability of emergent themes or an existing theory (Onwuegbuzie and Teddlie, 2003). Thus, one can see how, under the new terminology, both qualitative and quantitative forms of data analysis can be adopted. Thus, researchers become more pragmatic in their research beliefs. This further supports the justification for a mixed methods approach to research. Indeed, accepting both types of research enables pragmatic researchers to capitalize on the strengths of a joint methodology.

Accordingly, they are better positioned to use quantitative methods to inform qualitative data and vice versa (Onwuegbuzie and Leech, 2005).

To clarify, although this study adopts the ontological and epistemological assumptions of the interpretive paradigm, rather than perceiving the two types of data as dichotomous, in accordance with the majority of paradigm purists (Brannen, 2005; Lockyer, 2006) it is the author's belief that the two can in fact complement each other and contribute more to the generation of knowledge than use of mono-method alone. The pragmatic researcher takes the stance that qualitative and quantitative data can be assumed to be reciprocal concepts and thus, are potentially informative of one another (Burke et al., 2004).

3.2.2 Existing Within an Interpretive Paradigm

This particular study is located within the interpretive paradigm, the reasons for which are varied. The research was undertaken over a three year period during which the aim was to monitor and evaluate the implementation of the Wear Valley SAZ. Thus, the initial remit was very open, providing flexibility to choose the most appropriate projects within the SAZ to monitor more closely in relation to its aims. The projects chosen were Walking the Way to Health, Community Physical Activity Co-ordinators, Positive Futures and Modern Apprentices, as it was believed, having been briefed about the nature of each project, that they would provide a wealth of data in relation to the five generic SAZ themes of social inclusion, regeneration, health, crime and education and lifelong learning, and would span a wide range of participant age groups. Accordingly, the generation of such data should help to answer the fundamental research question.

Sport Action Zones are an attempt to provide empowerment, community involvement and sustainability of physical activity participation (Sport England, 2003a) and are therefore closely linked to the UK Government's target of getting 70% of the UK population active enough to benefit health (Sport England, 2004a) in addition to the potential impact sport can have on the issues of crime, education, and social inclusion (PAT 10, 1999). In response to this, it was essential to determine the reasons why individuals, young and old, took part in physical activity, especially within areas of socioeconomic deprivation, explaining the main motivators and issues that prevented or restricted people's engagement in physical activity. As Sport Action Zones focus on people rather than facilities (Sport England, 2003a), it is imperative to determine the reasons behind an individual's thoughts and actions. The only way to accurately determine this is to take an emic perspective and look from within the targeted communities themselves outward, making generalisations context-specific. Why do people think and act the way they do? This can only be answered satisfactorily by the individuals themselves for researchers and external bodies cannot possibly verify the thoughts and motivations of others by adopting anything other than an interpretive approach in which it is accepted that a multitude of realities exist. An important part of the research process was to uncover the motivations and barriers to physical activity experienced by individuals in areas of low socioeconomic status. Thus, given the researcher's ontological and epistemological assumptions, together with the needs and wants of the Wear Valley SAZ partnership itself, the research was conducted from an interpretivist viewpoint. Hence, an internal and subjective epistemology naturally followed the adoption of a relative ontological assumption.

Targets were established (pre-evaluation) for each of the individual projects in accordance with both the national and local guidelines along with the baseline data collected prior to the commencement of the programme. These provided the evaluation with a clear focus and direction regarding the initial data collation, relative to the ontological and epistemological assumptions of the researcher. Where quantification was required (for instance, to determine the number of participants that took part in a particular project over a particular period of time), then the methods reflected this (for example, participant databases to determine the range of age, gender differences, participant numbers, etc) and collected quantitative data in order to prove or disprove the initial target set by the project. This illustrates the notion of outcome evaluation, an important part of the research process. However, it was considered equally important to open up the 'black box' of programme theory (Stame, 2004; Hansen, 2005) and seek an understanding of the relationship between inputs and outputs by determining the mechanisms responsible for the outcomes (understood as process evaluation). Hence, various methods were employed, determined by the nature of the research questions specific to each individual project as well as the overarching research question for the initiative as a whole. Thus, the particular study in question was located primarily but not exclusively within the interpretive paradigm due to its complex nature, diversity of in-house projects and the aims and objectives of different authorities. As a result, research questions evolved as the evaluation developed, in order to address new issues and probabilities that arose. Subsequently, the study adopted a 'multi-method' approach to data collection, whereby the method employed was dependent upon the nature of the question and the desire to establish the mechanisms responsible for specific outcomes in relation to a given context, in addition to determining what worked.

The preconception at the beginning of the study (based on the information provided by the SAZ management team and statistical data) was that the population of Wear Valley were inadequately active, in accordance with Government guidelines (Department of Health, 2005). However, the aim was not to prove or disprove a theory, idea or perspective, but to find out as much relevant information regarding the impact of the SAZ projects with regard to health, crime, education and life-long learning, social inclusion and regeneration. Has the SAZ made a difference to the lives of the people it has touched in terms of the five key issues referred to above? If so how, and if not why not? What do the communities perceive the impact to have been on: a) the participants themselves, b) relatives, and c) the wider community? Thus, the evaluation focused on what works, for whom in what circumstances, a concept synonymous with realistic evaluation (Pawson and Tilley, 1997; Pawson and Tilley, 1998; Pawson and Myhill, 2001; Sullivan et al., 2002; Pawson, 2003; Stame, 2004; Mackenzie and Blamey, 2005; Blamey and Mackenzie, 2007; Sampson, 2007). This information can only be determined through an interpretive paradigm perspective that gets ‘under the skin’ of the projects and explains the behaviour of the communities themselves. Therefore, the process is just as important, if not more so, than the actual outcome, particularly from a learning and development perspective. To a certain extent it is pointless knowing whether an initiative worked if policy makers fail to consider the reasons why and how it worked. Thus, one could say that evaluation must be contingent with learning.

Having highlighted the paradigmatic positioning of this research, the relationship between the ontological assumptions and the related methodological associations require further deliberation. Section 3.3 goes on to discuss the research process in

more detail and discusses how the paradigmatic assumptions assumed served to inform the methodologies employed.

3.3 Ontological Assumptions and Methodological Association

Denzin and Lincoln (2003) provide a good example of the research process, providing a clear visual representation of the different phases of research according to the paradigmatic variations. It is pertinent to illustrate this process at this point in the chapter as it clarifies the journey between the initial ontological assumptions and the resultant methodology assumed. In relation to this study, the research process (adapted from Denzin and Lincoln, 2003) is as follows:

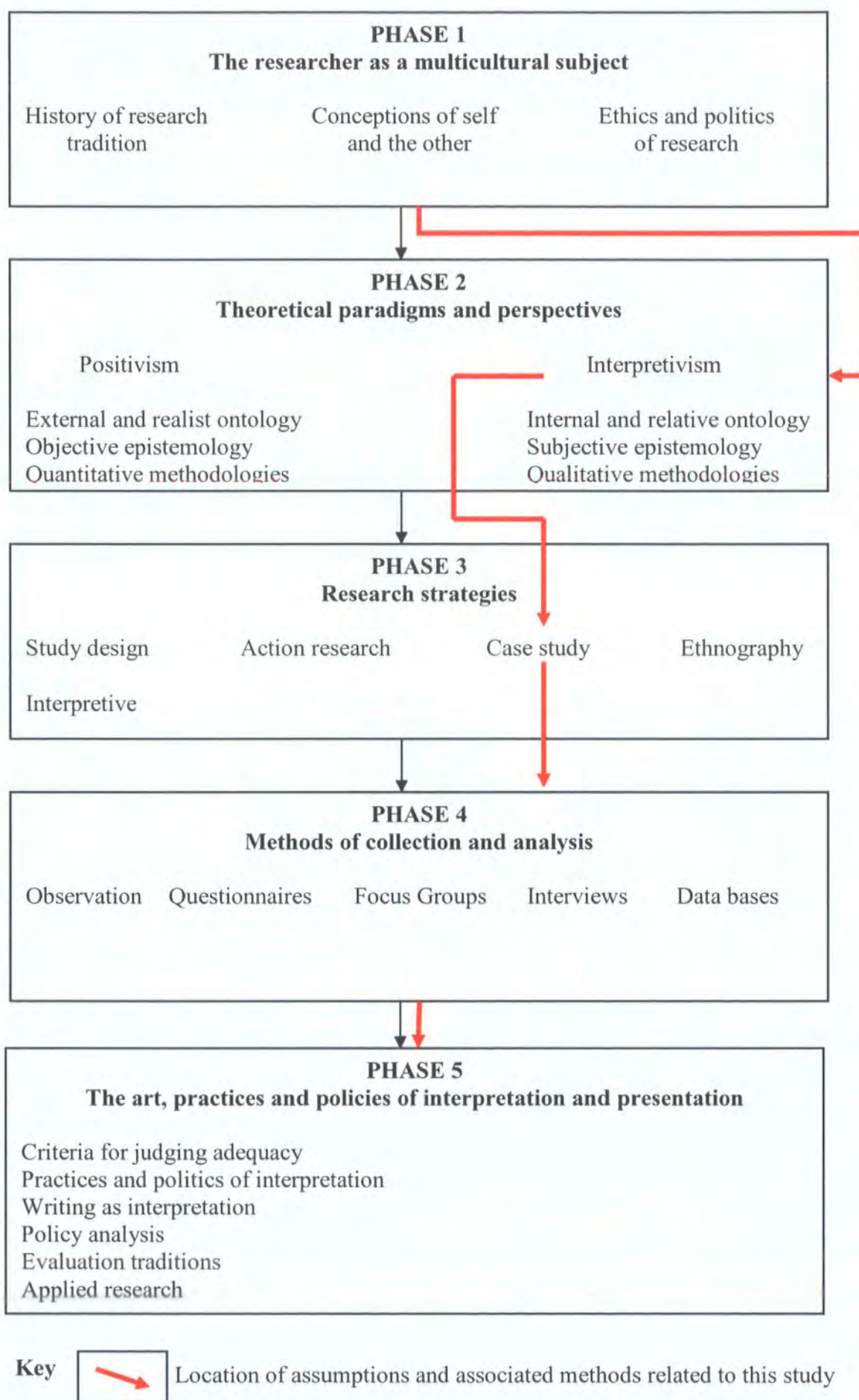


Figure 4. Phases of Research: Ontological Assumptions and Methodological Associations

Figure 4 illustrates how the initial beliefs of the researcher about the individual, group or behaviour under study, determine the paradigmatic perspective adopted. Subsequently, the ensuing ontological and epistemological assumptions inform the research strategies and specific methods used in order to interpret the information collated in relation to the paradigm assumed. This highlights the importance of paradigms in the interpretation of information and generation of possible theory, and the different perspectives that may arise from any one paradigm. The red arrows illustrate the pathway followed throughout the evaluation of the Wear Valley SAZ.

Adopting case study as the guiding methodology, numerous methods of data collection were employed in order to collate the necessary data to explain the phenomena under study. In particular, observation, participant observation, questionnaires, focus groups, and interviews, were employed to collect both qualitative and quantitative forms of data. The different types of data collected facilitate a more accurate and in-depth portrayal and understanding of the Wear Valley SAZ, as one can draw upon the strengths and minimise the weaknesses of the different types of data. Accordingly, the sections that follow consider the specific methodologies employed throughout this study and provide justification for their use.

3.3.1 From Qualitative to Exploratory Data Collection

Maykut and Morehouse (1994: 17) attempt to justify one of the major reasons for adopting an interpretive research approach. They state that the major difference with a quantitative rather than a qualitative approach:

is not the counting or lack of counting of the occurrences of a particular word or behaviour, but rather the meaning given to the words, behaviours

or documents as interpreted through quantitative analysis or statistical analysis as apposed to patterns of meaning which emerge from the data and are often presented in the participants' own words.

Thus, the main aim of qualitative research is the discovery of patterns which become apparent as a consequence of qualitative processes of observation, documentation and analysis. Qualitative methods pave the way for contextual findings rather than enabling generalisations to be made (Maykut and Morehouse, 1994). Subsequently, this approach encourages flexibility in that it facilitates the exploration of novel and unforeseen issues rather than simply adhering to a standardised research protocol (Green and Thorogood, 2004).

Maykut and Morehouse (1994) believe that qualitative research has the following characteristics: (1) An exploratory and descriptive focus in which an in-depth understanding of a phenomenon from the subject's perspective is sought; (2) An emergent design whereby the focus of inquiry is rather general and guides the discovery of knowledge of the particular phenomenon under investigation rather than pre-determining a specific hypothesis for verification; (3) A purposive sample in which individuals are purposefully chosen for inclusion in a study (over the course of the research) in an attempt to enhance the variability of the sample; (4) Data collection in the natural setting in an attempt to contextualise the findings of the research; (5) Emphasis on the researcher as the instrument whereby the researcher is responsible for both the collection and analysis and interpretation of data; (6) An encapsulation of language and behaviours of the individuals under investigation; (7) Early and on-going inductive data analysis which provides sub-sets of data that facilitate the process of triangulation; and (8) a case study or narrative approach to reporting research outcomes. Each of these characteristics provides justification for

the methodological approach adopted throughout the present study in relation to the paradigmatic positioning of the researcher. It was important to determine an understanding of attitudes and behaviours in relation to physical activity in the context of the Wear Valley SAZ and as such, it was this understanding that necessitated the adoption of qualitative methods, in particular that of case study research. Figure 5 illustrates the relationship between the paradigmatic position and the methods employed, and how the differing methods inform one another.

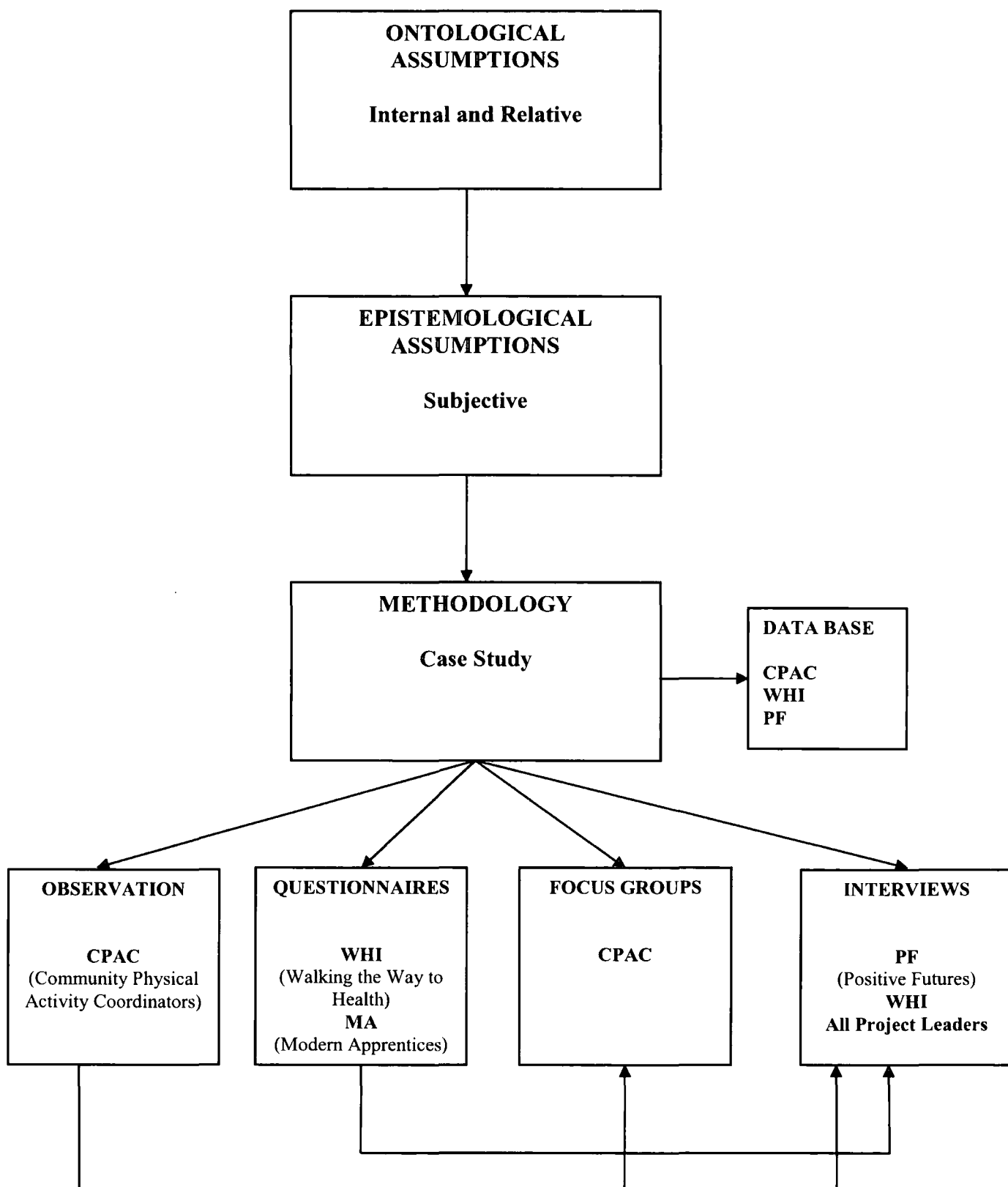


Figure 5. The relationship between paradigms and methodology in this study

Case study research design has been defined by numerous authors (Merriam, 1988; Yin, 1989; Creswell, 1994; Stake, 1995). Case study in this thesis is considered to be the intensive study of a specific case (Gratton and Jones, 2004). This is based upon the premise that both the development of a case over time and the context within which the case occurs are necessary elements of human activity analysis (Gratton and Jones, 2004). Indeed, case study work demands that the researcher spends extensive time within a particular case environment, and obtains personal contact with the related activities in order to reflect on and revise interpretations of behaviour in specific settings (Stake, 2003). This requires an ethnographic approach in which the researcher submerges them self within the setting under study and tries to learn the language and the related gradation of norms (Sparkes, 1992). Woods (1986: 4-5) describes ethnography as a process that ‘aims to represent the reality studied in all its various layers of social meaning in its full richness.’ This was the approach adopted in this study as the researcher spent considerable time (spanning a three year period) within each individual project under evaluation in order to produce a holistic view of the Wear Valley SAZ.

Furthermore, case study is the research design under which numerous methodologies are housed. Methods are adopted according to their suitability to collect the necessary data to explain the particular case under study. The evaluation of the Wear Valley SAZ was an attempt to describe and explain a phenomenon or case that had yet to be studied in any detail. This was highlighted by Yin (1994) as one of three instances where a case study design may be adopted. However, although the author considers the SAZ as a single all-embracing case study, that is not to say that ‘sub-cases’ do not exist. Indeed, each individual project was evaluated within its own particular context

and analysed in conjunction with the other projects to provide a more comprehensive knowledge and understanding of the SAZ as a whole. This use of multiple cases is what is known as embedded design (Yin, 1989) and negates the limitations highlighted when reliant upon a single case in terms of analytical power and generalisability (Campbell, 1975; Verschuren and Doorewaard, 1999). However, is it right to assume that case study research is indeed wholly qualitative when one of the major limitations often associated with qualitative research is its inability to produce generalisable data? Perhaps it is wrong to assume the term 'qualitative' in this particular context.

Indeed, given the fact that it is possible for the methods adopted under this umbrella term of 'case study' to collect both qualitative and quantitative data, it is more pertinent to describe this type of research as 'exploratory' rather than 'qualitative'. Paradigmatic purists tend to align themselves with either interpretive or positivistic methodologies. Their beliefs about a particular paradigm's ontological and epistemological assumptions dictate their beliefs about appropriate methodologies. Thus, historically it was often the case that those with an interpretive orientation adopted the use of qualitative methods and those with a positivistic orientation adopted quantitative methods whereby the assumption was that the two were incompatible. Recently however, mono-method research has been deemed as the greatest threat to the advancement of social science (Onwuegbuzie and Leech, 2005).

Stake (2003) believes that cases are about specificities rather than generalities and that it is possible for the definition of a case to undergo modification as a result of different methods of study. This is applicable to this research as, although

generalisations can be made about the concept and implications of SAZs, by categorising them according to geographical location and then further dividing them into their individual projects, the concept suddenly becomes more specific. To clarify, no one area will have the same issues as another and targets may vary depending on numerous variables such as geographical size and nature, population demographics, current facility provision and attitudes of residents. Thus, the findings from one SAZ may not be directly comparable to another. Thus, the important consideration here is the transferability of the mechanisms responsible for the outcomes within a given context rather than the generalisability of the entire initiative.

There are three fundamental types of case study: intrinsic, instrumental and collective (Stake, 2003). Intrinsic studies are those in which the researcher has an intrinsic interest in the case itself and simply wants to gain a greater insight into its particularities. Studies become instrumental when the case provides insight into an external issue. The case supports this insight by enhancing the researcher's understanding of a different matter. Lastly, in a collective case study the researcher has even less intrinsic interest in the actual case itself and the researcher studies a collection of cases in order to explore a population or phenomenon. Thus, depending upon an individual's perspective, SAZs as case studies can be considered as instrumental or collective. For the purposes of this particular study however, the researcher has chosen to consider the zone as a collective study in which the discrete projects within the zone act as the cases. Thus, as the case develops there becomes more scope to explore further issues within the specified case and there become cases within cases (Stake, 2003).

In alignment with the assumptions of the interpretive paradigm, issues and perceptions are emergent rather than presupposed. The case should tell its own story (Coles, 1989; Carter, 1993), as the fundamental assumptions of the interpretive paradigm encourage the deduction of emic meanings, discovering the real opinions, attitudes and beliefs of the individuals who exist within the case. Such studies are reflective, whereby the researcher observing the case's behaviours may pre-code most information but interpret it at a later point in time. However, it is ultimately the responsibility of the researcher to present the case in the manner they see fit (Stake, 2003). Therefore, the case may not tell its own story in the sense that less may be reported than was discovered.

As knowledge within the interpretive paradigm is perceived as being socially constructed (Burrell and Morgan, 1979; Sparkes, 1992), interpretivists facilitate the reader's knowledge construction through the mechanism of case study. Indeed Polanyi (1962), von Wright (1971), Rumelhart and Ortony (1977) and Geertz (1983) all substantiate this claim. This study employed case study methodology as a mechanism under which numerous methods were adopted to collate the necessary data to explain the phenomena under study. To verify the accuracy of case study findings, a necessity within all interpretive research strategies as there is no absolute measure of truth, triangulation is assumed, whereby multiple perceptions are adopted to elucidate meanings and check the reliability of a methodological procedure (Stake, 2003). Data sources often review draft studies once in their written and final format to determine the validity of a specific piece of qualitative research (Lincoln and Guba, 1985; Glesne and Peshkin, 1992). Once verified, cases can be used as the basis of comparison for other case studies (Stake, 2003). Within the SAZ framework,

individual zones can be compared to other zones, as well as the specific projects within them, and these can be used as a foundation for future work based upon the successes or otherwise (and the identified mechanisms of change) that one zone in particular may have encountered.

Furthermore, one of the main values of case study research is that theories can be refined and issues can be recommended that will benefit from further investigation, as well as providing a wealth of information to help shape public policy (Stake, 2003). For example, the UK Government should be extremely interested in the impact of SAZs if not only for the proven contribution of sport and physical activity to the Government themes of health, crime, social inclusion and education. Such findings may facilitate the shaping of future policies regarding these issues in addition to the allocation of related Government funding.

3.4 Methods

The exploratory research methods employed as a means of collecting the relevant data for this particular longitudinal piece of research, namely observation, questionnaires and interviews will now be discussed.

3.4.1 Observation

Observation as a method of data collection helps the researcher to directly determine whether people do what they say or believe they do. The main aim of such a technique is to observe, document and interpret the data that emerge from the study (Bell, 1999). The merit of such a method is that it can often reveal qualities and attributes about the individual or group in question that other methods fail to capture.

For example, interviews highlight people's opinions and perceptions on issues rather than what actually happens in the real life situation as depicted through observational techniques (Nisbet and Watt, 1980).

Although there are numerous methods for recording the data observed, these methods tend to be related to the type of observation in which the researcher is submerged, and require adapting or recreating depending upon the situation. Observation types can be placed on a continuum from structured and systematic to unstructured participant observation (Denscombe, 1998). At one end of the spectrum, systematic observation is more associated with the employment of quantitative data and subsequent statistical analysis whilst at the other end participant observation seeks to produce qualitatively based information. Both are forms of fieldwork and provide empirical forms of data, as they rely solely on primary rather than secondary research. Furthermore, both are methods to assess normality rather than artificial creation as occurs within a laboratory setting. Despite this, the latter is the technique that was adopted with the Community Physical Activity Co-ordinator's project and section 4.2.2 will provide the justification for its undertaking.

3.4.1.1 Participant Observation

By participant observation we mean the method in which the observer participates in the daily life of the people under study, either openly in the role of the researcher or covertly in some disguised role, observing things that happen, listening to what is said, and questioning people over some length of time (Becker and Geer, 1957: 28).

Indeed, Denscombe (1998) believes that one of the major priorities of participant observation is to preserve the naturalness of the setting in order to perceive things as they would normally occur. Furthermore, an important outcome of participant

observation is to decipher information on cultures or events that other methods would fail to capture. Thus, the researcher can only be made aware of the fundamental factors that help explicate such event or culture if they become part of it and engage in experiences through an observer's eyes (Denscombe, 1998).

Participant observation should not assume total immersion in the situation with which it is involved. Rather, as Denscombe (1998) points out, there exist three types of participant observation: total participation, participation in the normal setting, and observation. The former assumes total anonymity where identity remains undisclosed in contrast to the latter where identity is openly recognised and consent often obtained. The middle ground is where the observation that occurred in this piece of research stands and is where a select few (the coaches) are privy to the researcher's position but the rest of the group remains unaware of her role. Thus, this should allow for observation without impacting upon the natural setting in any way and also enables the maintenance of distance between the observer and the observed. Morrison (1993: 88) implies that:

by being immersed in a particular context over time not only will the salient features of the situation emerge and present themselves but a more holistic view will be gathered of the interrelationships of factors.

The researcher needs to spend enough time in this environment to gain trust, establish rapport and cultivate thoughts and philosophies (Denscombe, 1998). This should also help to reduce the reactivity effects of the observer on the observed (Cohen et al., 2003).

Unlike structured forms of observation, participation in the normal setting is responsive to its findings. Moreover, it is the situation not the researcher that facilitates the development of selectivity and thus, hypotheses are formulated as a result of the observations rather than them being pre-determined beforehand.

Denscombe (1998: 154) believes that:

the success of participant observation relies on the researcher's ability, at one and the same time, to be a member of the group being studied *and* to retain a certain detachment which allows for the research observation aspect of the role.

Indeed, the poles of complete detachment and complete observation both serve to minimise reactivity (Cohen et al., 2003).

Within this study, participant observation was used as a means to develop a personal perception and understanding of normality from the perspective of the individuals involved in the project. It was a means of providing a background to the subjects themselves whilst unearthing themes and issues that warranted further investigation. Such themes were then used as the foundation upon which the focus groups were based and undertaken during year three of the study.

3.4.1.2 Advantages and Disadvantages

When deciding whether to utilise participant observation as a form of data collection it is important to consider the pros and cons to decide whether it will prove ultimately advantageous. Several authors (Denscombe 1998; Bell 1999; Cohen et al., 2003) demonstrate some of the reasons for and against the use of such a method:

- Participant observation provides a realistic insight into the natural occurrences in a situation due to the minimal interference from the researcher.
- The researcher is the main instrument for recording data thereby minimising any costs incurred.
- Participant observation provides a holistic means of interpretation by experiencing the whole event in its natural environment and allows for rich insights into the reality of a situation. The researcher sees things as they naturally occur.
- It facilitates the generation of hypotheses, helping to reduce the effects of preconceptions.

There exist numerous disadvantages of using observation to extract information. It is important that the researcher is aware of these, and endeavours to reduce or eliminate their effects wherever possible. The same authors highlight some of the limitations of participant observation:

- Participant observation, or indeed any form of observation, is extremely subjective. The researcher makes interpretations on what they believe the individuals under observation are thinking or why they are acting in a particular way. Psychological factors mean that no one person perceives things in exactly the same way.
- There is always a danger of ‘going native’ whereby spending too much time with an individual or group may mean that the researcher begins to take on the norms and values of that individual or group and they lose their perspective on the research.

- The risk of danger is always present when travelling to remote or inhospitable places. This can be physical, social, legal or psychological.
- Observations are extremely time consuming as the researcher has to travel to and from the place where the observations are taking place, carry out the observation and then write up field notes upon returning to the home or work environment.
- Data can be difficult to manage as interpretation of notes relies heavily on experience and this can only be gained at the expense of more time.
- There is the question of access and where and when the observations can take place.
- With subjectivity comes the issue of reliability. It is impossible to repeat an observation in order to check for reliability as no two observations will ever be the same and different people perceive things in different ways. There is also a problem when it comes to relying on the researcher's memory to recall all the important events from a particular observation.
- It is very difficult to assume generalisations from the data collected due to the subjective nature of the method and the specificity of the situation.
- Observation often calls for the researcher to withhold their identity from the majority thus making it impossible to gain consent from those being observed. This raises obvious ethical questions.

3.4.1.3 Observation Protocols

The following is an example of the observation protocols employed within the Community Physical Activity Coordinators project:



- Two observation groups were identified; one in a rural ward and one in an urban ward.
- The activity undertaken was football.
- 17 activity sessions were observed for each group, making a total of 34 observations. These took place during the winter months of year 2 of the study.
- The duration of the activity sessions was between 1.5 and 2 hours.
- Observations took place at the local leisure centre in each ward, both on outdoor all weather multi-purpose courts.
- Observations took place during weekday evenings.
- Each group was observed once a week.
- The observer stood alongside the community physical activity coordinator present by the side of the court, or alone if the coordinator was involved in the game.
- Observation diaries were kept for each group, in which extensive notes were compiled after each activity session.
- Each session was then coded in accordance with any key events or occurrences that were noted.
- After the completion of all observations, each diary was revisited in order to identify key themes and areas that warranted further deliberation. These provided the foundation for the focus groups that were undertaken during year 3 of the study.

3.4.2 Questionnaires

The questionnaire is an extremely popular method for the collection of data in various strands of research (Denscombe, 1998). Administration can take place without the presence of the researcher and it is therefore less time consuming whilst the structured nature of the method makes analysis fairly straightforward (Wilson and McLean, 1994). However, any advantages must always be offset by the limitations of such a methodology to determine whether there will be a net gain. These shall be discussed in more depth in part 3.4.2.2. Postal questionnaires were utilised in both the Walking the Way to Health and Modern Apprentices projects in an attempt to provide a plethora of quantitative and qualitative information across a greater proportion of the local population than could be achieved by the researcher alone. Thus, generalisations could be more accurately applied to the population as a whole. Semi-structured questionnaires were devised with a combination of open and closed questions as the research was focused on distinct projects. Thus, whilst endeavouring to generate frequencies of response and enable comparisons, the research also attempted to depict the specificity of each particular project.

3.4.2.1 Postal questionnaires

According to Cohen et al. (2003), the postal questionnaire is often one of the best forms of survey and can have several distinct advantages over other forms of research such as interviewing. If a sample of the population is sought after and time and finances are of an essence then postal questionnaire may prove to be the most viable means of data collection. Indeed, Hoinville and Jowell (1978) claim that there are numerous myths regarding postal questionnaires that do not hold true. For example, similarities in the response levels obtained from both postal surveys and interviews

may in fact be much greater than originally hypothesised. Furthermore, the length of the questionnaire may not be a determining factor with regards to the decision of the respondent to complete and return the survey. Rather, it may be more a matter of how sophisticated the respondents are themselves, and their ability to deal with complex questions that facilitates the researcher's decision regarding the length and intricacy of the questionnaire itself.

One important point for consideration with regard to the success of the initial mailing is the inclusion of an appropriate and effective cover letter that conveys the purpose and importance of the questionnaire (Thomas and Nelson, 1996). Co-operation will be much more likely if the cover letter is presented in a professional way and portrays the research as worthwhile (Thomas and Nelson, 1996). Furthermore, respondents should also be assured of confidentiality and anonymity to facilitate honesty of response.

Postal questionnaires were administered to all individuals on the Walking the Way to Health database for the first 2 years of the project's 'on the ground' activities and were followed up with interviews during year 3. Questionnaires were also administered to each of the Modern Apprentices to gain an insight into their opinions of the project to which they themselves were privy.

3.4.2.2 Advantages and Disadvantages

There are considerable advantages to using questionnaires as a means of data collection. Indeed, Denscombe (1998) and Cohen et al. (2003) agree with some of the advantages inferred below:

- Postal questionnaires in particular are an efficient means of deciphering considerable amounts of information at a relatively low cost.
- There is no need to obtain consent off the respondent as it is simply a matter of choice as to whether they conform to the request to complete and return the questionnaire in the time specified.
- Questionnaires are easy to administer, especially postal surveys, and very little organisation is required.
- The very nature of a questionnaire ensures that all answers are standardised in contrast to those obtained from a face-to-face interview where questions may vary in terms of their wording or how they are posed. Thus, interpersonal issues are ineffectual.
- Analysis of data can be promptly undertaken as the majority of answers can be pre-coded. Furthermore, it may be advantageous for the respondent as answers only need fit into one of the pre-selected categories and thus little elaboration is required. This is particularly the case with structured, closed ended questionnaires.
- Open-ended questions encourage a greater depth in response, whereby the respondent is asked to provide a free and frank response rather than being forced to conform to a pre-selected category.

The following, as discussed by Denscombe (1998) and Cohen et al. (2003) are disadvantages when employing questionnaires:

- Open-ended questionnaires take much longer to complete than their antonym as respondents are asked to provide their true opinion of an issue in their own

words. Thus, this may impact upon the quality of response if the respondents do not possess the sufficient capability to convey their thoughts and opinions in written format.

- Questionnaires are time consuming in the initial stages of research as they need to be devised, piloted and refined before they are finally administered. However, such a disadvantage is counterbalanced in the case of structured and closed-ended questionnaires by the speedy analysis that often ensues.
- Although it has been contested (Hoinville and Jowell, 1978), Denscombe (1998) believes that questionnaires that lay down pre-coded answers may discourage the respondent from completing the survey due to the restriction and frustration caused.
- Similarly, open-ended questions may result in incomplete or poorly completed answers if the respondent does not have adequate time to complete it, does not perceive it to hold great importance or simply fails to understand the question asked.
- Ambiguity over wording of questions is possible and different people will associate different words with different meanings.
- Highly structured and closed-ended questionnaires can pre-empt the respondents' answers as they have a limited choice of answers with which they are supposed to agree.
- The researcher is unable to develop a rapport with the respondent as they do not meet them face to face. This may impact upon the effort put in to the response. Furthermore, there is no opportunity to probe for a deeper response than the one initially presented.

3.4.2.3 Questionnaire Protocols

The following are examples of the questionnaire protocols adopted with Walking the Way to Health and Modern Apprentices projects.

Walking the Way to Health Protocol

- A database of participants was collated within the project itself. This database was continually updated as new participants joined.
- The database was used within this study to provide an annual analysis of participant demographics and issues relevant to the project itself through the administration of postal questionnaires.
- Postal questionnaires were distributed to all participants on the database at the end of year one and year two.
- Questions covered the following;
 - Sex
 - Age
 - Postcode
 - Walks participated in
 - Occupation
 - Household income
 - Frequency of physical activity engagement prior to and as a result of participation
 - Perception of current levels of physical activity
 - Physical activity intentions
 - Effects of participation
 - Methods of project promotion

- All returned questionnaires were analysed to inform the interviews undertaken in year three of the study, and to provide the data that can be viewed in illustrative form in chapter five.

Modern Apprentices Protocol

- Postal questionnaires were distributed to each of the modern apprentices (six in year one and seven in year two) at the end of their year long placement.
- All returned questionnaires were analysed to inform the interview with the project leader and to provide the data that is illustrated and discussed in chapter five.

3.4.3 Interviews

One justification for using interviews was to gather detailed information from a relatively small number of individuals and gain a more in-depth insight into the specific topic areas that emerged as a result of undertaking participant and direct observation. It was deemed more important to obtain depth rather than breadth as it was believed that this would provide a greater insight into the lives of local communities and this, to a certain extent, could be generalised across the district population. It is important to acknowledge the fact that bias can and often does occur during the interview process so it is important to try and be as objective as possible when inviting the questions. The way the interviewer asks the questions, the tone of voice and emphasis placed on certain words, and the willingness of the respondent to please the interviewer all have the potential to affect the interview in some way (Bell, 1999).

3.4.3.1 Types of Interview

Once the decision to use interviews has been made, it is important that the researcher determines and justifies the type of interviews to be employed. This will depend upon the specific information that is sought after and ultimately the nature of the topic under investigation (Bell, 1999). Interviews can take the form of structured, semi-structured, unstructured, telephone and focus groups. The discussion that follows will address each of these in isolation.

Structured

Similarities can be noted between structured interviews and questionnaires as there is tight control over the arrangement of questions and answers. There is stringent control over the wording and order of questions and a range of pre-coded answers are set. This means that the same questions are posed to each respondent and the scope of answers is limited which provides an element of standardisation and ensures that analysis of data is fairly straightforward. On the whole this kind of interview technique is best suited to large scale research where a large volume of data is required from a wide range of individuals and is more synonymous with quantitative methods of data collection than those of a qualitative nature (Denscombe, 1998).

Semi-structured

Rather than having a list of pre-determined responses set out, semi-structured interviews allow for open-ended answers in which the interviewee has the opportunity to expand and elaborate on the questions posed. To this extent this type of interview is more flexible in its approach whereby the order and wording of questions is not so tightly controlled. However, the interviewer still has a clear list of issues that they

need to cover and an adaptable list of questions to ask presenting an element of structure to the interview (Denscombe, 1998). This provides some justification as to why this particular method was employed for use with the Community Physical Activity Co-ordinators, Positive Futures, and Walking the Way to Health projects. It was deemed important to develop a rapport between the respondent and the interviewer and this was made easier by the informal nature of the interview and the similarity in age between the interviewer and interviewees, facilitating the ease with which respondents felt comfortable in talking about the issues raised. The purpose of the interview in these instances was to draw out the opinions of the respondents and evaluate their responses with respect to the particular categories that evolved as a result of the information gathered from both informal interviews held with participants and the project leaders, and the observations that were undertaken.

Unstructured

On a continuum from extremely controlled to very loosely controlled, unstructured interviews sit at the latter end of the scale. They allow for a much more in-depth exploration of an issue or topic and encourage the interviewee to express their own thoughts and feelings to an extent they feel is appropriate. The interviewee is allowed to develop their own ideas and perceptions once a topic has been introduced by the interviewer who remains as un-invasive as possible. However, there is much less control due to the diminished structure. Thus, the difference between a structured, semi-structured and unstructured interview is the degree of control with regard to the questions set by the interviewer and the extent to which the respondent is allowed or encouraged to provide an answer (Denscombe, 1998).

Focus Groups

Focus groups are defined by Smithson (2000: 104) as ‘a controlled group discussion, on the basis that the group interaction generated through discussion is of prior importance to this methodology.’ Thus, focus groups are a fairly informal means of eliciting information regarding people’s perceptions of and attitudes towards specific topics, in which the researcher introduces one or several questions which will form the focus of the session. The informal nature of such discussions may elicit views and insights that may otherwise go undiscovered (Denscombe, 1998). However, it should be noted that there is a possibility that some individuals will take on a passive role if they perceive the topic under discussion to be personal or sensitive in any way, and domineering personalities may drown out those of a more subdued disposition (Denscombe, 1998; Smithson, 2000). It may also be the case that younger people feel a greater sense of security and subsequently have more confidence in expressing their opinions when surrounded by their friends and peers. In this study focus groups were employed as a method of substantiating observational findings and gaining an in-depth insight into the real lives and opinions of a random selection of young people who took part in the Community Physical Activity Co-ordinators project.

3.4.3.2 Advantages and Disadvantages

Methodological discussion illuminates strengths and weaknesses of particular methodological design, and it is important to determine whether one is outweighed by the other. Given the decision to employ both semi-structured interviews and focus groups as a means of collecting information from the participants of the Walking the Way to Health, Positive Futures, and Community Physical Activity Co-ordinator’s projects, along with the co-ordinators of each project under evaluation, there follows a

discussion around the advantages and disadvantages of these specific methodologies. Denscombe (1998) and Cohen et al. (2003) provide justification for their use, highlighted as a list of advantages below. Such advantages are believed to outweigh any recognisable disadvantages:

- There are extensive possibilities for questioning and probing of respondents. Thus, detailed information can be harvested from a relatively small population facilitating the collation of more in-depth information on specific topics of interest to the research.
- Semi-structured interviews in particular encourage informants to respond with open-ended answers and thus the interviewee can reply in whatever way they see fit, able to talk at length on issues they feel comfortable with or perceive to hold great importance.
- Semi-structured interviews provide a degree of flexibility with regard to the wording and order of questions and the time allowed for each interview whilst still imparting some structure as there is a clear list of issues that the interviewer wishes to cover.
- The informal nature of the interview should help to put the interviewee at ease and encourage him/her to talk more freely and at length with the person undertaking the interview.
- Depending on the nature of the topic under discussion, focus groups may encourage those to speak out who might otherwise remain passive. The company of peers, and in particular friends, may bestow a greater feeling of confidence on them as they are perceived as a form of 'back-up'.

- There is little emphasis on writing skills on the part of the researcher as it is all about how they come across in the interview situation and whether they can present themselves in a comprehensible manner.
- The opportunity for data reduction is greatly enhanced through the use of coding, therefore minimising the amount of data that ultimately has to be handled.

Every attempt should be made to counteract and minimise their effects. Denscombe (1998) and Cohen et al. (2003) identify the following as limitations of the interview as a methodology:

- Due to the subjective nature of the interview both in terms of the interviewer and interviewee, it is impossible to avoid involvement. Whether it be in the wording of the questions, the tone of the interviewer's voice, or the willingness of each interviewee to contribute, there is always a chance that bias can creep into the methodological process.
- Certain individuals, in particular those of an introverted nature, may be discouraged from speaking out in the presence of others in order to avoid potential embarrassment in front of their peers. To the same extent, extroverts may dominate and make it easy for others to remain passive.
- Sensitive or personal questions may also encourage passivity.
- If the interviewer fails to establish a rapport with the interviewees, there is less chance of extracting the most in-depth and high quality information.
- Focus groups make analysis of data very challenging as it may prove difficult to code and keep track of each individual speaker.

- Interviews of any nature put a great strain on resources as they demand a great deal of time on behalf of the researcher.
- The interviewer will be limited in the number of co-operative respondents she/he is able to involve in the study, mainly due to the constraints of time.
- Reliability may be questioned dependent on the degree of structure attributed to a particular methodology.

3.4.3.3 Interview Protocols

The following are examples of the interview and focus group protocols employed with the Positive Futures, Walking the Way to Health, and Community Physical Activity Co-ordinators projects. A representative sample of individuals from each project was chosen in order to produce results which were generalisable to the population as a whole. However, in the case of Positive Futures and the Community Physical Activity Co-ordinators projects, key individuals were selected in order to produce information of an in-depth and thorough nature.

Positive Futures Interview

- Ten individuals were selected for interview.
- The aim was to interview eight male and two female participants aged between ten and 18 years.
- The interviewees were notified of the use of a dictaphone prior to the commencement of the interview. This recording device ensured that all of the interview could be transcribed verbatim. The interviewees were informed that the information they disclosed would remain confidential and anonymous. Provision of personal information was voluntary and thus anonymity ensured

that it was not possible for any information or anecdotes to be traced back to the relevant interviewee. Thus, this minimised potential scepticism and uncertainty and encouraged interviewees to speak more freely.

- Each interview was labelled A-J.
- Each interview was subsequently analysed and used as a case study.
- Consent forms were disseminated to the parents/guardians/carers of the chosen interviewees by the project co-ordinator and returned to the interviewer one week before the interviews took place.
- The interview protocols were based on specific research questions, with a focus on the attitudes and behaviours of the interviewees before and as a direct consequence of their involvement in the Positive Futures programme. The interviews were designed to find out about the social interactions, life experiences, ambitions, and general views on life in their locality, with an emphasis on *why* the individuals think and act the way they do.
- Open-ended questioning was used in an attempt to encourage respondents to speak freely about their life experiences. There were no predetermined response categories but instead, the questions served as conversational guide. As the interviewee was encouraged to guide the interview to some degree, each interview differed in that the questions were not asked in the same way or necessarily in the same order each time.
- The following prologue was used to disclose all the necessary information to the respondents prior to the commencement of the interview itself:

Hi, my name is Lucy and I'm from Durham University. I'm doing some work on the wants and needs of young people in the area and I'm here today to find out a bit more about what *you* actually think about the area you live in and the kind of activities on offer to you. If you agree, I shall

be using a dictaphone to record what you say but you should be aware that any personal information will be kept confidential and will not be used in any way to identify individuals. I am the only person who will have access to the tapes and they will be destroyed when I've finished my work. No one can get into trouble with the police or anyone else as a result of what is said here today so feel free to talk about your experiences openly.

Walking the Way to Health Interview

- Fifty individuals were chosen for interview.
- The age of the interviewees was not prescribed.
- Consent forms were disseminated to all participants, signed and collected back in before the walk commenced.
- The interview questions centred on the opinions of the participants with regard to their involvement in the Walking the Way to Health scheme. The interviews were designed to find out about the participants' background and demographics, the physical, psychological and social aspects of walking along with reasons for participation and suggestions for improvement of the scheme.
- Open-ended questioning was employed in an attempt to encourage respondents to speak freely about their experiences. In addition, a select number of closed-ended questions were also asked to determine informative quantitative information. The questions served as a conversational guide and were asked with a degree of flexibility. Therefore, interviews differed in that the questions were not always asked in the same way or in the same order each time.
- The following prologue was used to extend essential information to the respondents prior to the commencement of the interview itself:

Hi, my name is Lucy and I'm from Durham University. I'm doing some research into the Wear Valley Sport Action Zone and these walks are a part of that project so I am here to find out what you think of the walks

and whether there is anything that can be done to improve them. If you agree, I shall be using a dictaphone to record what you say but you should be aware that any personal information will be kept confidential and will not be used in any way to identify individuals. I am the only person who will have access to the tapes and they will be destroyed when I've finished my work so feel free to talk about your experiences openly.

Community Physical Activity Coordinator's Focus Group

- 20 individuals were chosen for interview, split into two groups of ten. One group consisted of the younger participants aged between 13 and 16 and the other group of older participants aged between 16 and 20.
- Consent forms were disseminated to the parents/guardians/carers of all CPAC participants under the age of 18, signed by both the parent and young person and returned to the interviewer one week before the focus groups took place.
- The focus group questions centred on the attitudes and behaviours of the interviewees before and as a direct consequence of their involvement in the CPAC programme, and were informed from the observations previously carried out during these sessions. The interviews were designed to find out about the social interactions, life experiences, ambitions, and general views on life in their locality, with an emphasis on *why* the individuals think and act the way they do.
- Open-ended questioning was employed to encourage respondents to speak freely about their life experiences. There were no predetermined response categories. Instead, the questions served as a conversational guide. Each group was encouraged to guide the interview to some degree and therefore the focus groups differed in that the questions were not asked in the same way or in the same order each time.

- The participants in each focus group were labelled A to Z depending upon the number of individuals in each group.
- Each focus group was subsequently analysed and used as a case study.
- The following prologue was used to disclose all the necessary information to the respondents prior to the commencement of the interview itself:

Hi, my name is Lucy and I'm from Durham University. I'm doing some work on the wants and needs of young people in the area and I'm here today to find out a bit more about what *you* actually think about the area you live in and the kind of activities on offer to you. I shall be using a dictaphone to record what you say but you should be aware that any personal information will be kept confidential and will not be used in any way to identify individuals. I am the only person who will have access to the tapes and they will be destroyed when I've finished my work. No one can get into trouble as a result of what is said here today so feel free to talk about your experiences openly.

Project Leader Interview

As well as obtaining relevant information from participants within each SAZ project, it was deemed important to determine the thoughts and opinions of those who looked at the projects from an emic or insider's perspective. Consequently, it was important to obtain the opinions of the individual project co-ordinators along with the SAZ Manager. Each interview differed regarding the questions that pertained to each individual project. Therefore, questions were not always asked in the same way and discussions were allowed to cultivate their own path. Questions focused on the opinions of each project from the perspective of the project co-ordinator, highlighting the successes and problems encountered in addition to a personal opinion of the worth of the SAZ as a whole. The following prologue was employed at the beginning of each interview:

Good morning/afternoon, thank you for agreeing to take part in this short discussion. It should not take more than 20 minutes of your time. The questions refer to your own project and your perspective of it and the Sport Action Zone as a whole. I shall be using a dictaphone to

record what you say but you should be aware that any personal information will be kept confidential and will not be used in any way to identify individuals. I am the only person who will have access to the tapes and they will be destroyed when I've finished my work. No one can get into trouble as a result of what is said here today so feel free to talk about your experiences openly.

3.5 Validity and Reliability

Validity and reliability are two important concepts to consider when undertaking research irrespective of the ontological and epistemological assumptions adopted, but are intimately related to one's perspective on the nature of social existence and social knowledge. Respectively, they refer to the extent to which the method used actually reflects the phenomenon under study, and the extent to which the data gathered would be the same if the study was to be repeated (Gratton and Jones, 2004). Research that is both valid and reliable, in the context of the researcher's paradigmatic alignment, is what every researcher should aim to achieve. Gratton and Jones (2004) suggest that reliability can be categorised as inter-observer, test-retest, or internal consistency reliability. The first refers to the extent to which two or more researchers would unearth the same findings regarding a particular phenomenon under study. The second refers to the extent to which the same phenomenon would produce the same findings if the research was repeated at different times. The third refers to the extent to which each research question within a method actually measures the same phenomenon. Each of these types of reliability are subject to potential threats such as subject error (inability of the subject to provide accurate and consistent data), researcher error (differing research approaches by different researchers, to an extent dictated by paradigmatic stance), and subject bias (providing a response based on assumptions of what the researcher wants to find out).

As with reliability, validity also has a number of different components, all of which require consideration before data collection is undertaken (Gratton and Jones, 2004). Firstly, face validity. This questions whether the method used appears, at first glance, an appropriate method to uncover what it intended to uncover. Thus, pilot studies are an important means of checking for face validity. Secondly, the researcher must check for content validity. So, whether the researcher has accounted for the subtle issues of the phenomenon under study. Thirdly, predictive validity is whether the findings from a particular method can predict future behaviour. And lastly, construct validity refers to the extent with which the research findings correlate with other measures. It is this that is considered the most accurate form of validity (Gratton and Jones, 2004).

Under the umbrella term of interpretivism, numerous authors concur with Brown's (1988) belief that the research instrument utilised is the researcher himself/herself and consequently, there are no reliability and validity coefficients for an individual studying human behaviour in the natural setting (Leininger, 1994; Altheide & Johnson, 1998). Therefore, unlike the positivist paradigm, the methods assumed under the interpretive paradigm are not viewed as guarantees of truth. However, this viewpoint has been criticised by others who argue that validity and reliability are appropriate concepts to ensure rigor in interpretive research, as without rigor, research is considered to hold no value (Morse et al., 2002). Furthermore, Reason and Rowan (1981: 244) illustrate how:

validity in new paradigm research lies in the skills and sensitivities of the researcher, in how he or she uses herself as knower, and as inquirer. Validity is more personal and interpersonal, rather than methodological.

This relates to the concept of an existence of multiple realities. The lack of an independent reality free from interpretation ensures that knowledge cannot be built on a certain foundation and thus, validity is more a matter of coherence, trustworthiness, and social agreement than it is a matter of correspondence with an external reality. Therefore, a concept is presumed to be true if it is connected to and consistent with other concepts in a scheme that is effective at a specific time (Sparkes, 1992). Popkewitz (1984: 42) agrees that:

what is 'real' and valid is so because of mutual agreement by those who participate. Objectivity, then, is not a law that guides individuals but the result of an inter-subjective consensus that occurs through social interaction.

However, it is important to consider the transparency of research in terms of replication of the research process. It is argued here that validity is methodological. The method or the research process must be transparent and replicable and is therefore the foundation for knowledge. Thus, it is not the foundation of knowledge that is difficult to verify, but the interpretation of that knowledge, and it is the approach to data analysis that differentiates between interpretations of that data.

Indeed, findings hold greater validity if an explanation can be attributed to them (Hammersley, 1992; Yin, 1994; Kuzel & Engel, 2001; Morse et al., 2002). The reason for behaviour can only ever be determined through correspondence with the individual who executed the actual behaviour. It is impossible to speculate a cause-effect relationship as no-one has access to the thought processes or motivations behind the behaviour other than the individual himself/herself. In assuming a positivist position, findings are accepted as 'truth' (right or wrong) when measured against a set of pre-established criteria. There is no attempt to provide a direct

explanation for such findings. Failure to identify the mechanism responsible for behaviour subsequently limits future predictions.

Ultimately, validity and reliability of the specific methods adopted will be questioned irrespective of the paradigmatic beliefs adopted, a number of which are considered in the immediate discussion to follow.

From a positivist perspective, observational studies encounter problems regarding reliability. The subjective nature of the method makes it open to bias and allows it to be easily influenced by personal factors. This makes it impossible to achieve the same results if repeated as it is down to the individual's interpretation of an observation. Individuals see what they are used to seeing, use past experiences to filter out any unwanted or undesirable stimuli, and judgement is affected by their physical and emotional state at the time of observation (Denscombe, 1998). However, reliability can be improved when participant observation is used in conjunction with other means of data collection. Moreover, this study employed focus groups and interviews as an adjunct to participant observation as a means of verification, clarification and elaboration regarding the key issues that emerged from the Community Physical Activity Co-ordinators project. Cohen and Manion (1985: 254) define triangulation as 'the use of two or more methods of data collection in the study of some aspect of human behaviour' and go on to discuss how:

as research methods act as filters through which the environment is selectively experienced, they are never atheoretical or neutral in representing the world of experience. Exclusive reliance on one method, therefore, may bias or distort the researcher's picture of the particular slice of reality he is investigating. He needs to be confident that the data generated are not simply artefacts of one specific method of collection. (Cohen and Manion, 1985: 254).

Thomas and Nelson (1996) agree that the use of triangulation allows for a researcher to substantiate the sincerity of their interpretations.

Participant observation scores very highly in terms of validity due to the holistic nature of the method, allowing for phenomena to be examined in relation to their context (Denscombe, 1998). Therefore, although repeatability is problematic in terms of producing the same results, it can be said that participant observation is an effective tool in terms of accurately measuring what it is supposed to measure.

The standardisation of the questionnaire format ensures to some extent the validity and reliability of that particular method. However, there are issues over whether or not respondents complete the questionnaires accurately and also whether the non responses would have provided the same distribution of answers as those that were returned. Nevertheless, there are means of evading these problems. Firstly, response accuracy can be verified via follow up interviews during which the interviewer can probe and challenge responses given. However, these can be heavily influenced by the willingness of the respondent to cooperate. Similarly, follow up questionnaires and interviews can be undertaken with those who failed to respond to the initial questionnaire (Belson, 1986).

The validity and reliability of a method will always be, to some degree, adversely affected by the disadvantages or limitations of the chosen method. For example, with the use of semi-structured interviews and focus groups, how can one ensure that the questions will be repeated in exactly the same manner every time? It is almost

impossible. The very nature of the semi-structured interview is one that encourages flexibility and thus, for this reason alone questions can never be guaranteed verbatim from one interview to the next. Furthermore, interviewers will almost certainly differ in the tone of voice adopted which means that the respondent may place a different interpretation on the question depending on the person who is undertaking the interview (Bell, 1999). In terms of the interviewee, uncontrollable human factors will almost definitely affect the answers provided. For example, one cannot account for emotions and interpersonal influences at any one time and fluctuations in these may influence the answers given or even the willingness of the respondent to take part.

However, despite the recognised limitations of methods with regard to validity and reliability, Morse et al. (2002) contest the idea that the danger associated with using the generic term ‘validity’ is that the philosophical underpinnings of a so called ‘qualitative’ methodology, such as ethnography, will be devalued. Indeed, they go on to suggest that:

the concepts of reliability and validity as overarching constructs can be appropriately used in all scientific paradigms because to validate is to investigate, to check, to question, and to theorize. All of these activities are integral components of qualitative inquiry that insure rigor. Whether quantitative or qualitative methods are used, rigor is a desired goal that is met through specific verification strategies. While different strategies are used for each paradigm, the term validity is the most pertinent term for these processes (Morse et al., 2002: 14).

3.6 Ethical Considerations

Cavan (1977: 810) defined ethics as ‘a matter of principled sensitivity to the rights of others. Being ethical limits the choices we can make in the pursuit of truth.’ All social researchers will encounter ethical issues during some point of the research process. It is extremely important that these are considered to as they are directly

related to the integrity of the research undertaken (Bryman, 2004). Indeed, Cohen et al. (2003) state that ethical problems may arise at any or all of the stages of research, be it from the nature of the actual project, the research context, the procedures implemented, the data collection methods, the current nature of the participants, the kind of information collected, or the resultant analysis and interpretation of the assembled data. Bell (1999: 45) goes on to further explain that:

whether you are an inside or outside researcher, whether you are full-time or part-time, experienced or inexperienced, care has to be taken to consult, to establish guidelines and to make no promises that cannot be fulfilled.

One of the main problems in the world of ethics is its subjectivity and that people have different opinions regarding what is ethically acceptable and what is not. Diener and Crandall (1978) proposed that the four principle ethical considerations evolve around participant harm, lack of informed consent, invasion of privacy and the use of deception, each of which are inter-related to some extent. It is imperative in the planning stages of a research proposal that the benefits of the study are weighed up against any personal costs to those taking part. This is what is known as the costs/benefits ratio and is 'a fundamental concept expressing the primary ethical dilemma in social research' (Cohen et al., 2003: 50). An example of this problem can be highlighted through the complex nature of the subject of ethics itself. One of the reasons for such complexity is related to the two polar societal values that the pursuit of truth and knowledge necessitates free scientific inquiry but that all individuals should be viewed as dignified human beings with a right to the considerations that accompany such dignity. This emphasises the difficult but important decisions that stem from the undertaking of social research.

In terms of harm, this could refer to both physical and psychological harm to a participating individual. Included in this ethical principle is the premise that all individual identities and records should remain confidential to prevent identification. This presents greater difficulty with qualitative methodologies where analysis is often descriptive and accounts of an individual's behaviour are divulged. Pseudonyms are particularly useful in such instances. A further issue here is that it is not always possible to predict whether harm is going to occur but if there is any doubt then informed consent must be sought (Bryman, 2004).

With regards to informed consent, this is very much dependant on whether the research is covert or unguarded in nature. Most of the issues here revolve around observational studies as those of a covert nature do not give the participants any say in whether they want to be part of the study or not. If they are present then they are unknowingly involved. Sapsford and Evans (1984: 270) believe that 'where people are made the subjects of research without their knowledge, and thus have no chance to safeguard their own interests, it should be the special concern of the researcher to look after these interests.' Furthermore, Frankfort-Nachmias and Nachmias (1992) believe that informed consent may not be necessary in all social science research, for instance in studies where danger or risk fails to materialise: the greater the risk, the greater the requirement for informed consent. To the contrary, when consent is sought after problems arise in as much as an informed decision requires the disclosure of all information regarding the research which may be difficult and impractical to attain. Furthermore, it is disruptive to research proceedings if the consent required is far reaching in terms of numbers of individuals involved (Bryman, 2004). Thus, in reality the arrangement of informed consent is often violated in some way. Where the

study of minors is concerned it is imperative to gain consent firstly from a parent, guardian or carer and then from the minor themselves. Thus, this can be even more problematic than when the research is focused on adults as twice the consent is called for and parents may be wary of their children taking part in any form of research. This is an issue that was of great importance during this study as the majority of interviews, focus groups and observations were carried out with young people and minors increasing the difficulty of data extraction along with the ethical implications.

A notion of ethics that is very much intertwined with informed consent is that of privacy, because by agreeing to take part in a study that individual is accepting that their privacy may well be somewhat impeded. However, this does not mean that individuals will be totally compliant with a researcher's attempts to deduce information. For example, refusal to answer questions is often encountered because of the nature of the content. In the case of covert studies, an individual's privacy is unknowingly invaded and information may be revealed that would have been intentionally concealed in a different situation. Linked to this are the issues of anonymity and confidentiality and it is important that these are maintained at all stages of the research process (Bryman, 2004).

Finally, the fourth element of ethical consideration is that of deception. In other words, conveying information or research as something different to what it really is. Sometimes it can be employed to minimise the influence on natural behaviour, so as long as there is no risk of physical or psychological harm, it could be argued that the intent here is ethically sound. To substantiate this point, Cohen et al. (2003:63) describe how:

if a deception experiment is the only way to discover something of real importance, the truth so discovered is worth the lies told in the process, so long as no harm comes to the subject.

Nevertheless, the difficulty lies in proving rather than claiming that the research is of real importance. It is difficult to know when or if instances of deception are permissible, and more to the point, where one should draw the line (Bryman, 2004). Again, this is an issue of benefits versus costs. To deal with deception, Kelman (1967) proposes that we actively acknowledge the fact that deception exists and is a problem and decide whether it is necessary and justified. He also recommends methods to negate its effects such as minimising the use of potentially harmful manipulation. Lastly, he advocates that alternative methods of data collection are developed so to utilise participants' motivations rather than evade them altogether. To summarise, Kimmel (1988, cited in Cohen et al., 2003: 66) believes that 'deception studies differ so greatly that even the harshest critics would be hard pressed to state unequivocally that all deception has potentially harmful effects on participants or is otherwise wrong.' Thus, deception, despite the preferred desire to minimise its use and subsequent effects, should be acknowledged as an almost unavoidable phenomenon.

The very nature of ethics in social research makes for a time-consuming process of thought and action that must be undertaken prior to and during any form of social research, and its importance has been well documented in the discussion above.

3.7 Summary of Methodologies Employed

The aim of this chapter was to outline the nature of research paradigms and their related ontological, epistemological and methodological assumptions. Specifically, it

discussed how a particular view of reality influences the choice of methodology employed to gather the appropriate data to answer the research question. There are numerous paradigmatic positions which exist along a continuum between positivism and interpretivism. A positivistic paradigmatic approach is associated with an external and realist ontology, an objective epistemology and methodologies that are able to prove or disprove an 'a priori' statement. Interpretivists, however, assume an internal and relative ontology, a subjective epistemology and a methodological approach that emphasises qualitative and interpretive data gathering in order to further our existing knowledge base and facilitate change (Sparkes, 1992; Denzin and Lincoln, 2003; Morris, 2006). It is not a matter of one paradigm being *right* and another being *wrong*, but such theoretical underpinnings should be understood from the perspective that each is different and should therefore be considered from their own viewpoint with regard to judgements surrounding their own particular research strategies. No one paradigm is better than the other, they simply reflect the differences in an individual's view of the world and how they determine reality.

This study is located within the interpretive paradigm, its aim being to appreciate the outcomes of the SAZ from the perspective of the individuals it engaged. The SAZ emphasised community involvement and participation, highlighting the need for an emic or insider's perspective to determine the extent of such involvement and the benefits of such an approach. Furthermore, in order to sufficiently affect the Government target of ensuring 70% of the UK population become adequately active to benefit health, it is important to determine the motivations behind people's involvement or non-involvement in physical activity, particularly amongst communities and groups who participate the least. The only way to achieve this

effectively is to explore the personal interpretations of participants and present their thoughts and opinions to those able to effect policy change. Only by listening to and accepting an individual's or group's reasoning will it be possible to make a difference in terms of creating the necessary attitude modification to effect a positive change in physical activity participation and the related issues of crime, education, health and social inclusion. Problems cannot be resolved without a comprehensive understanding of the mechanisms that created them.

Due to the differing aims of the various projects within the zone, methods varied according to the data required to answer the research questions. Consideration was given to a method's suitability for a particular population demographic, the characteristics of the project, the type of activity, and the explicit research questions specific to each individual project. Consequently, in terms of the evaluated projects the following methods were employed:

Community Physical Activity Co-ordinators Project: participant observation (participation in the normal setting), direct observation, interview (project leader), focus groups and participant databases.

Positive Futures Project: interviews (participants and project leader) and participant databases.

Walking the Way to Health Project: postal questionnaires, interviews (participants and project leader), and participant databases.

Modern Apprentices Project: postal questionnaires and interview (project leader).

CHAPTER 4 – WEAR VALLEY SPORT ACTION ZONE

4.1 Introduction

Having identified and discussed the theoretical underpinning and related methods of the study, this chapter presents the data gathered from each of the named SAZ projects. After outlining the issue of physical activity in deprived areas and the potential of SAZs, the chapter goes on to address how the initial baseline data were gathered prior to the commencement of this research, and furthermore it establishes pivotal conclusions. Considering the SAZ as a national initiative, it seemed pertinent to look at the requirements from a wider perspective before considering the more specific local needs of each individual project. Each and every SAZ is centred around five key themes: sport and health; sport, education and lifelong learning; sport and social inclusion; sport and regeneration; and sport and community safety. For the purposes of this study, social inclusion and regeneration have been considered as mutually exclusive concepts. To clarify, regeneration has been looked at in relation to social rather than physical regeneration on the premise that the emphasis of SAZs is on people rather than facilities, hence the greater emphasis on social inclusion.

The five key themes are referred to throughout the thesis and the results are considered proportionate to the impact the Wear Valley SAZ has had in relation to these particular themes. Thus, these very issues are discussed relative to the baseline data. The main body of the chapter looks at each of the projects in turn and discusses the data collated during each of the three years of evaluation, where years one, two and three refer to years 2002, 2003, and 2004 respectively. However, the exact start-date for each project varies and therefore, dates are highlighted at relevant sections

within the chapter. Furthermore, the findings of each project are discussed independently for year one, and subsequently year two. Year three has been treated slightly differently in that it provides a comparative representation of all three years, highlighting developments between years one and three. The justification for segregating the results in this way was to satisfy one of the agreed aims of the evaluation by providing the SAZ with an on-going evaluation, thereby continually informing the future delivery of projects. Thus, it was imperative on an annual basis to highlight both areas of good practice, and areas that demanded further deliberation in order to effect positive change. These findings are further discussed in Chapter six. In addition, it provoked necessary methodological adaptations that arose as a consequence of initial findings and subsequent suggested changes to delivery.

The UK Government has established a vision ‘to increase significantly levels of sport and physical activity, particularly among disadvantaged groups’ (DCMS/Strategy Unit Report, 2002, p80). Believing that sport and physical activity have a major role to play in health promotion, educational attainment, diminished crime and greater social inclusion, the Government have set a target for 70% of the UK population to be reasonably active by 2020 (DCMS/Strategy Unit Report, 2002). Reasonably active has been classified as 30 minutes of physical activity, at least 5 times a week (DCMS/Strategy Unit Report, 2002). Although increased participation is required across the whole UK population to address the Government’s aim to encourage mass participation in physical activity and sport, a number of interventions have been focused on the most economically disadvantaged groups.

Sport Action Zones are one intervention announced in the Sport England Lottery Strategy in 1999 as part of the Government agenda to minimise sport and physical activity inequalities across areas of high social and economic deprivation within the UK (Sport England, 2003a). The intention of SAZs is to raise aspirations and empower local communities to participate in sport on their own terms, thereby adopting a 'bottom-up' approach. Significantly, such an initiative endorses a new way of working in relation to sports promotion with its focus on people rather than facilities (Sport England, 2003a).

The monitoring and evaluation of each zone was important in terms of establishing what did and did not work relative to the locality within which it was situated, in order to enforce changes to facilitate the enhancement of the initiative. Prior to the evaluation, baseline data in the form of household surveys and community appraisals had already been gathered. These data were used as a foundation upon which to build the monitoring and evaluation.

4.2 Baseline Data

Collation of the baseline data was derived from three sources of information: the household surveys; the findings of the most recent community appraisals (undertaken by Insight at the beginning of 2002); and the Wear Valley Needs Assessment and Action Plan (NAAP).

4.2.1 Household Surveys and Community Appraisals

During the initial stages of SAZ planning, it was necessary to undertake fieldwork in the form of household surveys in order to establish the needs and wants of the local

community and subsequently determine a base level of data. This research was undertaken by Prism Research during October 2001. One hundred interviews were conducted within the following wards: Coundon Grange; Henknowle; Woodhouse Close; Stanhope; Wolsingham; Tow Law; Crook North; and Crook South. Each of these wards is a classified area of deprivation according to the Indices of Multiple Deprivation, hence their inclusion in the SAZ initiative (DTLR, 2000). This represents 0.3% of the population of the SAZ target wards (30,515) and just 0.1% of the total Wear Valley population (61,339). Moreover, where there were clear majorities of respondents expressing a particular view, it can be taken as a true representation of the view of the population as a whole. However, where there is no strong majority, the view may or may not be a true representation of the population as a whole.

A number of issues were covered in the survey questionnaire, including: housing and accommodation; economic profiles; qualifications; attitudes to learning and training; barriers to working and learning; transport; access to local services and information; crime; the local environment; and recreation. Each of the ten sampling points allocated within each ward comprised a similar number of households, and were spread evenly across each ward. The survey data were weighted to match the age and gender profile within each of the wards as presented in the official population statistics of the Office for National Statistics.

In addition to the household surveys, findings from the community appraisals underpinned the initial data gathered. The combined data highlighted an issue which could impact significantly upon the quantity and quality of data collected: the attitude

of the residents. Although there appeared to be a committed core within each ward, striving to improve their community, the majority of people simply lacked interest, and were reluctant to change. Thus, the pertinent issue became one of behavioural change, a problem that must be considered if initiatives are to be implemented effectively.

Another important consideration was whether the information gathered was representative of all sections of the community. For instance, in contrast to the household surveys, there appeared to be little input from the younger generations. Thus, the perceived needs of the young may actually be assumed through the opinions of the older population and their perception of what young people want, which may fail to correspond with young people's *actual* desires. If the needs of the whole community were to be met, the information gathered needed to be truly representative of all residents within it. The establishment of school forums was one way to ensure more equality in this area, although the needs of those disengaged from school and the community also required consideration. This, however, would prove much more difficult.

National Requirements

As already established, SAZs are a national initiative initiated by Sport England. Therefore, after identification and consideration of the key issues relating to physical activity, sport, leisure and recreation provision in Wear Valley, it was considered important to reflect upon the national requirements when developing the subsequent key projects and initiatives, including the national policy outcomes and performance indicators. Each of the projects laid out in the Magnet Fund (refer to appendix B)

identified the intended outcomes and performance indicators, and these can be referred to in the attached appendix. The Magnet Fund was comprised of approximately £2 million set aside for each of the assured five years of the initiative. Distribution between SAZs was determined by total population and levels of deprivation. The funds were allocated for the exclusive benefit of the individual projects and subject to approval of Sport England lottery officers (Sport England, 2001).

The important issue to consider in terms of funding was whether the data collated throughout the lifetime of the Wear Valley SAZ would fulfil the respective criteria in terms of success. In other words, it was imperative to determine whether the most appropriate methods of data collection were employed and whether there were additional areas or issues in need of deliberation. Thus, this would highlight any gaps in data collection and determine whether and how these could be resolved.

Local Requirements

In terms of local requirements, a number of desired outcomes for each project were identified, as detailed below:

Walking the Way to Health

- 1) 2400 people taking part in led walks programme.
- 2) Number of people who:
 - Participate on advice of GP.
 - Walk more independently by reacting to walking related information.

- Walk more as a result of making places safer and easier to walk.
 - Act upon self held information/advice about lifestyles.
- 3) 12 volunteer walk leaders per year for three years (total of 36).

Community Physical Activity Coordinators

- 1) Three new jobs created.
- 2) Increase participation in community focused physical activity.

Positive Futures

- 1) Reduction in offending by 25% over two years (with a target group of 600).
- 2) Reduction in reports of anti-social behaviour by 25%.
- 3) Drugs education/counselling/treatment.
- 4) Parental/carers involvement.
- 5) 20% of target group to engage in mainstream sport provision by the end of the programme.
- 6) Intensive inclusion/education and training programme by the end of the programme.
- 7) Quantitative and qualitative monitoring and evaluating of programme impact.
- 8) Accreditation via JSLA/BELA/football coaching/outdoor education, etc to increase self-esteem of target group.
- 9) Development of peer training (end year one) for sport and drugs education.

Modern Apprentices

- 1) 30 training places over five year period to include ten qualified swimming teachers, ten fitness instructors, and ten community fitness instructors.
- 2) 30 young people achieving recognised qualifications.
- 3) 30 young people moving into full time employment.

Given the above, it was important that all identified outcomes and performance indicators were continually revisited in order to ensure that the data collected and the methods used to collect it were appropriate to satisfy both the local and national requirements

Key Themes

The following discussion attempts to highlight the five key themes that underpin the ethos of the Wear Valley SAZ and what it was attempting to engender within the community in which it was situated.

Sport and Health

The potential for the use of physical activity as a means of health promotion is immense. Health benefits relating to exercise have been proven on numerous levels, so its implementation as a tool for preventing and ameliorating health problems is particularly potent. The physical, social and psychological health benefits derived by patients on the cardiac rehabilitation, exercise referral, Physically Active for Life Seniors (PALS), and arthritis care initiatives within Wear Valley provide a good example of the positive contribution that sport and exercise can make to society.

In County Durham, the frequency of health problems is seventy five times greater than the national average, with all twenty one Wear Valley wards included in the worst 25% of wards in England, more than half of these located in the worst 10%. The single greatest cause of death, accounting for 25% of all deaths, is Coronary Heart Disease (CHD). Death from this disease is strongly correlated with social class and deprivation levels, and males in the lowest social class group are 50% more likely to die from the disease than the rest of the male population (NEPHO, 2005). Further, physically inactive people are approximately twice as likely to develop the disease (Department of Health, 2005). This means the district of Wear Valley is more susceptible to CHD than other districts across the UK. Indeed, the Dales Primary Care Group (PCG), covering Wear Valley and Teesdale, has the second highest level of myocardial infarction of all six PCGs in County Durham, with a death rate 47% greater than the national average for those aged between 35 and 64. Thus, this is clearly one area where physical activity could have significant repercussions upon society in terms of health and Government spending.

The NAAP recognised several key tasks required to realise the potential health benefits. These need to be revisited to determine the progress so far and to identify current priorities and future developments. One of the first initiatives to be implemented was the Walking the Way to Health Initiative, aimed at getting as many residents as possible involved in walking for health and pleasure. Again, its success was perceived to be dependent upon changes in the present attitude, behaviour and lifestyle of the majority of the population. With work commencing in advance of the other SAZ projects, it was necessary to revisit the following in order to assess initial

developments that may have occurred, avoid duplication and maximise use of resources:

- 1) Expansion of the community fitness initiative linked to cardiac referral, arthritis care, etc.
- 2) Community based initiatives that target girls and young women.
- 3) Activities for 0-4 year olds and their parents through Sure Start and other community based initiatives.
- 4) Walking and cycling infrastructure.
- 5) Partnerships within the Healthy Living Centre initiative linked to the key projects outlined within the Needs Assessment.
- 6) Projects with the Dales PCG.

From the household surveys it can be deduced that the majority of respondents desired improvements to countryside access. Approximately two thirds wanted properly marked country walks, footpaths linking villages and housing, themed walks and trails, cycle-ways and picnic areas. Thus, this is a good example of how provision of the community's needs could facilitate the achievement of some of the SAZ objectives. However, it must be remembered that these figures only identified the needs of 0.1% of the total district population.

The household surveys demonstrated that less than half of all respondents (43%) admitted to engaging in an activity of any kind in the past year, with even fewer doing so within the past four weeks (32%). However, caution must be given to the individuals' interpretation of the term 'activity', and whether the activity they

participate in is beneficial to health. A more accurate determinant of the number of people engaging in formal physical activity would result from the development of a club or community centre participation database. Informal recreation, on the other hand (such as walking, jogging, etc) is much more difficult to quantify. However, it is clear that only a minority of Wear Valley residents appeared to live a lifestyle active enough to contribute positively to the health of the district. This is also evidenced on a national basis in the Allied Dunbar Fitness Survey (Health Education Authority and Sports Council, 1992).

There is a need to determine the reasons for the general lack of engagement and interest in particular physical activities. Should initiatives be developed which promote those activities perceived to hold more importance in the community, or should new and innovative activities be developed? Are people more likely to engage in activities in which they currently show no interest? Of all respondents, 81% did not perceive a need to develop further clubs or activities in their area. Therefore can innovative or new activities be successfully implemented? Is this feasible? Examples of activities from the household surveys deemed important to the community included swimming, cycling, keep-fit, yoga, aerobics, dance and snooker. It is therefore suggested that initiatives base their activities around community desire.

Sport, Education and Lifelong Learning

Based on the household surveys and community appraisals, there is evidence to suggest the under-utilisation of educational establishments for the purpose of sporting and recreational activities. Of all facilities used by the active residents of the community, just 10% made use of school or college facilities. Thus, there exists a

great opportunity to increase the participation and activity rates of the communities of Wear Valley by providing more dual use facilities. The community appraisals highlight how, especially in the rural Upper Dales, the school is perceived as the hub of the majority of children's social life, particularly given the closure of the leisure centre at Eastgate and the general lack of amenity provision. Thus, young people in particular expressed a desire to see school facilities made easier to access outside of core opening times. However, this needs to be coupled with community transport initiatives and a revision of local transport provision, as there currently appear to be problems with access outside of daylight hours.

In terms of skills, the community appraisals show an apparent local apathy and lack of interest in learning and training across all Wear Valley districts. In terms of the household survey respondents, 38% were not interested in offering their skills, 49% perceived themselves as having no skills to offer, and of those with skills only 1% had skills of a sports-related nature. Furthermore, just 17% were interested in attending a local leisure course and only 3% were actually interested in running one. Crook South had the greatest proportion of residents stating that they were positively motivated toward learning and training. Although this percentage represents just a quarter of all residents, it is illustrative of the negative attitude and apparent apathy across Wear Valley as a whole. Although some form of voluntary work had been undertaken by 15% of respondents in the past year, none of the activities were related to sport or recreation. This represents a large gap in service provision and identifies the need to increase the voluntary sector in the area of sporting, recreational and physical activities, but difficulties are inevitable with such a reluctant attitude toward involvement.

A key task for the SAZ was to develop a Sport and Physical Activity Education Centre based at Bishop Auckland College in association with key partners. The initial aim was to include coach education and training, a mentoring scheme for women and girls, the development of a centre of excellence in healthy, active innovative playground work, and the establishment of modern apprenticeships for young people. Such initiatives have the potential to be extremely beneficial to all sectors of the community. However, the engagement of residents could prove rather difficult given the aforementioned reluctance toward change.

In terms of sporting capacity, it was considered there was a need to determine ways to increase the number of schools achieving Activemark/Activemark Gold and Sportsmark/Sportsmark Gold (teachernet.gov.uk). Further work was also required (in conjunction with the School Sport Co-ordinator initiative) to tackle the issues of transport, shortage of clubs and qualified coaches, lack of extra curricular sports activities, and poor Physical Education facilities in some schools. Although all sectors of the community must be catered for in terms of developing an interest in participation, an inherent desire of activity needs to be instilled in the younger generations if they are to remain active throughout their lives and encourage others to follow suit (Vassallo et al., 2002). Thus, the development of physical activity in schools in conjunction with the education of parents is essential.

Sport and Social Inclusion

There appeared to be active committees in most wards helping to run various clubs and societies. However, these tended to be a core minority and an increase in community involvement, especially an increase in community partnership capacity,

would prove beneficial. However, it has been noted that a lack of social cohesion between settlements within wards and subsequent isolation of villages, together with a reluctant attitude toward change, makes the issue of community involvement a fairly challenging one. Initiatives focused around attitudinal change may be difficult to develop but at the same time necessary if communities are to develop a sense of togetherness and concern for the area in which they live.

Despite the activity of certain committees and groups and their efforts at project initiation, many of which have been successful, there seems to be a lack of capacity and awareness to access funding for community based activities. The NAAP identifies the difficulties in ascertaining exact levels of community provision upon which to build sporting capacity, stating that community appraisals were responsible for providing such data. However, it is questionable whether the community appraisals have adequately fulfilled these requirements.

Although the majority of residents described the bus service as adequate, 11% perceived it to be poor, the main problems being cost and access outside of daylight hours. Given the rural nature of most wards, and the fact that 34% of households do not own a vehicle, residents have a restricted choice regarding participation in leisure activities. Thus, the development of community transport initiatives demands consideration. Further, local provision must be addressed as it provides the most feasible means of leisure activity involvement for residents, especially given that a large majority were reluctant to travel to use sporting facilities. Indeed, the NAAP highlights the need to undertake an audit of indoor facilities to include village and community halls, and school facilities, along with the sporting and recreational

activities taking place in Upper Weardale. The community appraisals provide an indication of such activities and identify activities such as exercise classes, keep fit, Tae Kwon Do, creche, coffee mornings and youth clubs as the type of activities available. However, according to the household surveys only 28% of respondents attended a local club or activity within the last year, which suggests a lack of interest in current provision. However, whether anything can be done to expand upon and better such services has not been established.

One problem, as mentioned previously, is the lack of community interest regarding involvement in the development of their settlements and the reluctance toward change. Of household survey respondents, 81% perceived no need for the establishment of further clubs, although those who did highlighted youth centres, sport, health and leisure facilities and entertainment provision as desirable. However, it was not all wards that have a negative view. For instance, due to the perceived poor provision of local services in St. John's chapel, residents of the various settlements have formed themselves into 'clusters' and take turns to host activities such as gym club for children and other sports-related events. Indeed, development of the 'self-help' culture in all wards may prove to be a more economic, efficient and effective means of enhancing an area's level of autonomy. Furthermore, by giving the community the chance to manage and operate services where feasible, thereby reducing the feeling of alienation produced by those currently responsible for controlling service delivery, improvements in service delivery will hopefully be evidenced. This may be one means of addressing what the NAAP identified as a clear lack of capacity to run and manage community based sporting activities. It would

prove beneficial to determine how St. John's Chapel managed to create such a thriving, concerned environment. Perhaps then it can be duplicated elsewhere.

With regard to the awareness of community issues and initiatives, 66% of household survey respondents felt that they had received adequate information, the biggest source being that of the local newspaper. A third of respondents were not satisfied with the level of information received. Thus, communication of information was not as efficient as it could be which may partly explain the lack of community involvement in activities. Residents suggested the need for enhanced use of newsletters and leaflets.

There appeared to be an intergenerational gap and division amongst communities for a variety of reasons. The elderly admitted to being fearful of young people 'hanging about' in bus shelters and on the streets. However, this may be a product of a lack of amenities and facility provision and can therefore be considered as preventable behaviour. Young people felt there was a 'top-down' approach regarding attempts to engage them in activities, and therefore a lack of responsibility and empowerment resulted in an unwillingness to participate. The NAAP identified the development of an intergenerational programme employing trained older volunteers to run out-of-school clubs and activity clubs in lunch hours. However, the feasibility of this is questionable, and there is uncertainty as to whether this is what the community actually wants. Moreover, it would be of more benefit to focus on youth who truant from school rather than regular attendees, as it is more likely that the former are the cause of the generation gap due to the greater number of risk factors they possess

related to the lack of structure present in their life. Thus, school-based initiatives may not address the problem effectively.

Sport and Regeneration

It is interesting to note that despite the apparent shortfall of sports hall units in Wolsingham, Stanhope and the Bishop Auckland area, only 6% of household survey respondents perceived that improvements to sports facilities would enhance the community in which they live. Thus, why is support for the development of proposals to meet the shortfall in sports hall provision identified as a SAZ priority issue? Should priorities not be focused around satisfying the most pressing needs of the community? Perhaps this was an issue that the SAZ management team wished to address irrespective of community opinion. This highlights grave contradictions with the SAZ ethos. It is suggested that once these immediate needs have been met the focus could then shift to the development of sports halls.

The NAAP, and in particular the playing field strategy, highlight facility provision in terms of football, cricket, rugby and hockey. There appears to be a shortfall of synthetic turf football pitches in Bishop Auckland, a demand for mini soccer pitches, and a high incidence of grass pitches that are poorly maintained despite being sufficient in number. Demand for pitches is adequately satisfied by supply in terms of cricket and rugby provision, although hockey requires synthetic pitches in order to facilitate competition. A review of tennis and netball in Wear Valley is required as the playing pitch strategy only looked at facility provision for the above sports. Why? Nowhere in the community appraisals or household surveys are any of these sports identified as holding particular importance. Does this indicate an urgent need for

sports development in the area or is further work required regarding engagement in such sporting activities? There appears to be a disparity between what the NAAP and the residents of Wear Valley have identified as being priority issues. Maybe this is due to the fact that community input is lacking in the development of projects. This requires urgent deliberation if similar initiatives are to achieve success in relation to their aims and objectives.

Despite the fact that sports facility improvements hold low significance in relation to other community issues such as crime, facilities have been identified as lacking or of poor quality. Community halls and facilities have been underused by residents, with only 22% of household survey respondents claiming to have made use of such a facility within the past year. Furthermore, 29% said they would use such a facility if sporting activities were offered although this only applied to local provision, with a decline of 40-60% in popularity if residents had to use a hall further away. However, this could be due to the current lack of transport initiatives up and running within communities. More information needs to be gathered to determine the reasons why people are reluctant to travel in order to rectify the problem. Many of the community facilities were also deemed inappropriate for sporting use. Thus, there appears to be potential with regard to the future use of community halls and facilities, an issue that requires further exploration.

Of all respondents, 49% of people active within the past 4 weeks undertook their activity at a sport centre, with 46% doing so in an outdoor, natural setting. However, it was not disclosed whether such participants made use of the sports centres of closest proximity or travelled to centres located in areas of lesser deprivation. If the

latter is prevalent, why is this the case? Is it because of the poor facility provision and maintenance within local wards? Users need to be tracked and placed into a database in order to determine a facility's utilisation. It is clear that Woodhouse Close and Glenholme (Crook) leisure complexes are both performing poorly on a range of performance indicators set by Sport England and are no longer economically viable. However, if those currently using sport centres are not using their local centre it is difficult to transform its economic status. In fact, the NAAP evidences constant enquiries at the Woodhouse Close leisure complex in Bishop Auckland regarding the lack of sports hall facility at that site and elsewhere in Bishop Auckland, suggesting active residents are using other facilities.

One of the key projects proposed in the action plan was to assist in the development of co-ordinated community transport initiatives that include expansion of the South Bishop Auckland Community Transport Initiative for the Upper Dale, linked to strategic facility provision at the Glenholme Leisure complex. This may help to overcome problems such as an unwillingness to travel and improve the utilisation of local sport centres.

On the whole, the issue of facility provision appears somewhat perplexing, with conflicting evidence regarding the need for improvements to local facilities. Further work to clarify the situation would be beneficial.

Sport and Community Safety

The issue of crime across Wear Valley is an important one to consider and can be linked to leisure provision and physical activity. One of the biggest perceived threats

to community safety (as highlighted in the community appraisals and household surveys) was the fear of crime mainly as a result of youths 'hanging around' in bus shelters and on the streets. Consequently residents felt unsafe to leave their houses, especially after dark, thereby negatively influencing participation in local activities. Drug abuse was also a perceived problem. Consequently, children were being deprived of the chance to play, as parents considered there to be too great a risk to allow their children to play on recreation grounds and play areas.

The NAAP identified the need to carry out a detailed survey of existing play areas and develop proposals regarding the provision of recreation grounds that recognises their value as a community resource for passive recreation, sport development. This seems rather ambiguous however, and more specificity would be beneficial. Identifying such areas as being beneficial to society will not solve the problem of drugs and issue of safety. Action needs to be taken to eradicate these problems first and foremost. Initiation of community design and management of play areas, identified as a key project in the NAAP, may contribute positively to the safety issue. Individuals who engage in criminal acts or acts of antisocial behaviour need to be consulted too, to establish the reasons for their actions and determine whether physical activity can contribute to a positive change in attitude. This, however, is understandably problematic. The NAAP stated the need to formalise links with the community safety initiative to assist with the need to link sport and physical activity to substance misuse treatment, and the lack of facility provision for informal physical activity opportunities for the young.

Many of the problems originate from a lack of, or poor standard of leisure provision and access to it, resulting in young people having little to do but 'hang around' the streets, some inevitably turning to a life of crime. The community appraisals reflected the residents' view that youth disaffection is often a product of inadequate leisure provision and also emphasised the point that young people want to take part in more activities.

Prior to the establishment of the SAZ, there existed a gap in local youth service provision in the majority of Wear Valley wards. This was largely a consequence of a lack of qualified youth workers, but also the lack of activity provision. Since the closure of the leisure centre at Eastgate, young people in the Upper Dale have experienced greater difficulties in engaging in sporting activities, had little opportunity to express themselves, with nowhere to 'hang out', and no space to claim as their own. They also found transport problematic, having to rely too heavily on parents and others, thereby restricting participation in community and leisure activities. The community appraisals also highlighted the fact that attempts to fill gaps in local youth service provision had received mixed results, and were on the whole poorly received. Many sensed a 'top-down' approach and an element of policing by those attempting to encourage young people to engage in community events. The PAT 10 principles emphasise the need to embed local control, and for a 'bottom-up' approach with regard to the initiation of project development and implementation in areas of socioeconomic deprivation (PAT 10, 1999). This must apply to all generations without exception. All sectors of the community must have their needs fulfilled.

To summarise, an analysis of the household surveys and community appraisals enabled issues applicable to each of the key SAZ themes to be highlighted, as discussed above. These issues were pertinent to the potential success of the Wear Valley SAZ and are clarified below:

Community involvement – An inadequate and unreliable reflection of the true needs within each ward given that only 0.3% of the target population was involved in the household surveys.

Qualitative information – lacking in both quality and quantity. More work needs to be done on present attitudes, in order to identify any change resulting from project implementation. All generations must be represented sufficiently. Furthermore, an increase in the availability of data, both quantitative and qualitative, is key to providing justification for project implementation.

Engagement – this is key in terms of participation, volunteering and coaching. The biggest hurdle to overcome is the negative attitude amongst residents and their reluctance to change. How do we reach those individuals who are reluctant to participate in such activities? Reflection of a positive attitude toward future involvement does not guarantee actual participation.

Facilities – why is one of the SAZ priority issues to meet the shortfall in sports hall provision when only 6% of household survey respondents perceive that improvements to facilities would enhance the community in which they live? Further, this is a clear contradiction to the overall SAZ ethos of focusing on people rather than places. It

was felt that the potential regarding the use of local community halls and sports facilities needed to be explored, together with the increase in dual use of educational establishments.

Health – longitudinal studies are required in order to determine the impact of initiatives on diseases such as CHD, as short term data will manifest no identifiable improvements.

Countryside access – more signposts, themed walks, and cycle paths. are desired by the majority of respondents. This was deemed an easily achievable means of providing the SAZ with a positive start by responding directly to an identified need.

Marketing – provision alone is not adequate to ensure engagement. Promotion of such activities is also crucial.

Simultaneous development of structured and informal activities – although there is a need to develop and sustain a club structure, actual participation in physical activities is also required to provide the base for the club structure and ensure all sectors of the community are provided for. Thus, school-club links together with a facilitative attitude toward regular engagement need to be established.

Outcomes of the Original Baseline Data

As a follow-up to the initial baseline data report and discussions with the Wear Valley SAZ management team, it was agreed to produce a further report to discuss the identified outstanding issues and related inconsistencies.

It became apparent that there were three issues in need of consideration:

- 1) The tracking and monitoring of attitudinal change.
- 2) Health and the development of longitudinal studies.
- 3) Facilities and the contradictory evidence regarding the demand for their existence and the desire to make use of them.

Attitudinal Change

The baseline data report demonstrated that, despite a committed core of residents within each ward striving to achieve community wide improvements, the majority of people simply lacked interest and were reluctant to change. Addressing this issue was considered imperative in order to implement effective SAZ projects. Thus, this is without doubt one area in need of further research and should be a main priority as it is potentially the biggest hindrance to the success of the Wear Valley SAZ and similar initiatives.

It was proposed that each project be visited by the researcher on a continual basis for a set period of time in order to develop a more comprehensive understanding of each project, in addition to gaining a good rapport with all participants. It was thought that this would facilitate the decision regarding the most appropriate method of data collection to adopt for each of the projects to be evaluated. Suitable methods are governed by the theoretical alignment of the researcher together with the situation and the people involved, but observations, questionnaires, focus groups and interviews were amongst those implemented.

Once current attitudes had been determined, implementation of an intervention project was recommended, although it could be argued that the projects were interventions in themselves, encouraging a change in attitudes amongst participants. However, is it feasible to reach those who are reluctant to participate in projects in order to try and shape their attitudes and encourage an uptake in physical activity? A proposal was made to the SAZ management team that attitudinal research was undertaken on a biannual basis, in order to track the progression in change. Finally, a comparison could be made between the initial attitudes of participants and their attitude upon completion of the project. This should have demonstrated the extent of impact particular projects had. Research around attitudes and behavioural change would help the development of a physical activity intervention.

It is imperative to ensure that research is fully representative of all generations, especially those who are disconnected and those in danger of becoming disconnected from society. The data must portray the thoughts and feelings of the population as a whole. Thus, a flexible approach to data collection was considered a necessity, whereby methods could be easily adjusted to suit a specific sector of the population.

Health

Physical activity is a potentially potent force in the prevention and minimisation of health related problems (Department of Health, 2005) and therefore, its adoption in relation to health should be given more credence. However, perhaps more importantly, the type of activity (recreational, non-competitive and non-contact) could be crucial in determining whether the benefits of exercise will outweigh the costs (Waddington, 2000; Waddington et al., 2006). The baseline data report identified the

need for the development of longitudinal studies in order to determine the impact of health initiatives on CHD and other lifestyle-related illnesses. Short-term data will not suffice, as individuals need to be tracked over a period of time in order to detect identifiable improvements. However, there is an issue regarding the specific data that need to be collected and monitored and the allocation of responsibility for doing so. Although it was important to determine numbers involved and lifestyle and/or attitudinal changes within the projects currently up and running, the collection of clinical data is an issue requiring further deliberation. There may be a need for the initiation of a new and independent health-related project.

The disclosure of evidence to demonstrate that physical activity is an effective tool in the treatment of illnesses, could be the key to a more widespread adoption of its use. Also, the provision of anecdotal evidence to demonstrate how an individual's transformation from poor to good health was facilitated through exercise may prove inspirational to others, promoting a positive change in behaviour and a habitual participation in exercise. It was suggested that a number of individuals involved in the health project are identified and tracked, highlighting their thoughts and feelings with regard to their medical condition, identifying any changes as the project progresses.

According to the initial household surveys of 2001, less than half of all respondents admitted to engaging in activity of any kind in the past year, with only a third doing so within the past 4 weeks. It fails to specify whether this exercise is of an intensity or duration that is beneficial to health. Thus, the percentage of the population who regularly participate in health promoting physical activity may be even smaller.

According to the Allied Dunbar Fitness Survey (Health Education Authority, 1992), people's perceptions of their own fitness are tentative to say the least. The majority of the population appears to be unaware of the type and amount of exercise required to impact positively upon health. For instance, the Health Education Authority (1998) recommends that adults partake in a minimum of 30 minutes of moderate to vigorous physical activity per day (i.e. activities that leave the participant at least slightly out of breath). Thus, communication methods need to be reviewed in order to promote a more widespread comprehension of the necessity for physical activity. However, the issue of attitude should also be considered here, and further research is required to determine reasons for the lack of engagement and interest in activities as mentioned above.

As previously discussed, relationships need to be developed with individuals and organisations in order to assess the most appropriate method of data collection. An input from the health profession would be beneficial in determining the type of data to collect and methods to use along with a suitable time-scale to gather and report the relevant information.

Facilities

One of the major paradoxical issues to arise from the baseline data report was that of facilities. On the one hand there was an overriding disapproval by residents regarding the closure of facilities (especially so in the more rural Upper Dales), whilst on the other hand community halls and facilities appeared to be underused by residents, with only 22% of household survey respondents claiming to have made use of such a facility in the past year (2001). This may prove to be an issue of perception, as those

in rural areas tended to feel isolated from other communities and assume their needs are not considered. Thus, there exists scope for work to be undertaken around the parochial attitudes of residents within certain communities, along with the development of attitude modification mechanisms. Furthermore, despite the shortfall of sports hall units, as identified in the NAAP, only 6% of household survey respondents perceived that improvements to sports facilities would enhance the community in which they live. In addition, 81% perceived no need to develop further clubs or activities in the area. Hence, there is a definite need to clarify these inconsistencies and present a lucid picture of the need for and use of all facilities. It was proposed that the areas in question were revisited to determine current attitudes regarding facility provision and use, together with intention and desire to utilise them. But upon whom will this responsibility fall? Are there resources readily available (within the council for example), which would help to minimise costs? It should be noted that such information will not move the projects any further forward but will determine whether what was discovered from the household surveys and community appraisals is actually representative of residents' attitudes and behaviour. It would also provide more clarity regarding the strengths and weaknesses of facilities, thereby identifying more clearly where the gaps in facility provision are. Sport Action Zones are first and foremost about people and not facilities.

It was thought that the potential for dual use of educational establishments would also benefit from being revisited to determine the extent of, and possibility for, dual use. Was facility use being maximised out of school hours? The household surveys deemed many of the local halls inappropriate for sporting use, which may partly explain the under-utilisation of these facilities. Furthermore, all local halls required

revisiting to determine their appropriateness for sporting use (what advantages do they have and what restrictions do they house?). If they are inappropriate, is there a school nearby which could provide the facilities required?

To summarise, the above discussion reiterates the issues that the partnership considered most significant as a result of discussions around the baseline data report, subsequent to the household surveys and community appraisals. It was perceived that each independent issue required further research and action as outlined above if the Wear Valley SAZ was to fully realise its potential. Indeed, for the zone to progress in the desired direction, continuity was the key to success, and continuous improvement needs to be at the heart of the remit of any work undertaken.

4.3 Walking the Way to Health

The Walking the Way to Health initiative (WHI) was the first of the SAZ projects to commence (during April 2002) and hence, the first to receive any form of monitoring. Consequently, the results presented at the end of the first year of research show bias toward this project due to the more voluminous quantity of data collected.

Year One

As previously stated in the chapter, the Walking the Way to Health initiative established three main policy outcomes that they wanted to achieve. Initially, the opportunity to participate in organised walks had been provided through:

- A Sunday programme of six led walks throughout the local countryside.

- The 'Ton-Up' Challenge whereby participants were encouraged to walk 100 miles over a three month period during the summer season.
- Fortnightly health walks of approximately one mile around Bishop Auckland town centre.

During the period April 2002 to December 2002 and using the data from the first set of walks provided, a total of 212 recorded participants had taken part in the project. Of these, 42 participated in the Sunday walks, 148 engaged in the Ton-Up challenge, and a total of 22 volunteer walk leaders had been recruited. However, with a target of 2,400 participants over a five year period, an average of 480 people would need to be recruited per year. Thus, the project did not appear to be attracting participants at a sufficient rate in order to satisfy the original targets. Information was lacking with regard to the second policy outcome, and it was proposed that the required information would need to be gathered from future participants if the outcome was to be achieved upon completion of the project. In terms of volunteer walk leaders, the target of 12 per year had been surpassed within the first nine months, and was in fact nearly double that of the original target.

A total of 212 participant questionnaires were disseminated amongst all walkers with a return rate of 32%. The completed questionnaires were then analysed and used in conjunction with the database collated by the project leader to produce the following statistics.

Approximately two thirds of participants were female, although there were equal numbers of male and female volunteers. This highlights a need to target the male

population to a greater extent. Or perhaps it would be more pertinent to look at the overall statistics for the SAZ as a whole. For instance, to determine the total percentage of male versus female participants in relation to age, together with the percentage of Wear Valley residents engaged, particularly those from designated areas of deprivation. This should help to determine the extent of the initiative's success and establish whether there are any particular groups of the community that need additional targeting.

Table 1 – The Age Range of Participants in the Various Walks

AGE	TON-UP CHALLENGE	WEAR WALKING WALKS	VOLUNTEERS	TOTAL
0-15	45	0	0	45
16-24	13	2	0	15
25-44	30	4	0	34
45-59	28	7	0	35
60+	32	12	0	44
Non-Specified	0	32	39	71
TOTAL	148	57	39	244

It should be noted that in table 1, the total (244) does not correspond with the total of questionnaires administered (212) because the above table accounts for the number of people who participated in each of the walks rather than the individual participants themselves. Thus, duplication of individuals is a possibility. For instance, there may be some individuals who took part in the 'Ton-Up' Challenge and Wear Walking

Walks who were also a volunteer walk leader and therefore, they would have been counted three times.

Of the total number of participants, the majority of walkers were from the age group 0-15, closely followed by those aged 60 and over. The 16-24 year olds were the group least represented, with only 6.1% of the total falling within this age category. This demonstrated the need to carefully consider the needs and wants of different age groups and focus on promoting the initiative to those who would engage with it and consider alternatives for those who would not. Figures 6 and 7 demonstrate that the ‘Ton-Up’ Challenge appeared to be more popular amongst 0-15 year olds. In contrast, the latter age group were represented by only 4% in the Wear Walking Walks, in which the majority of participants were aged 60+.

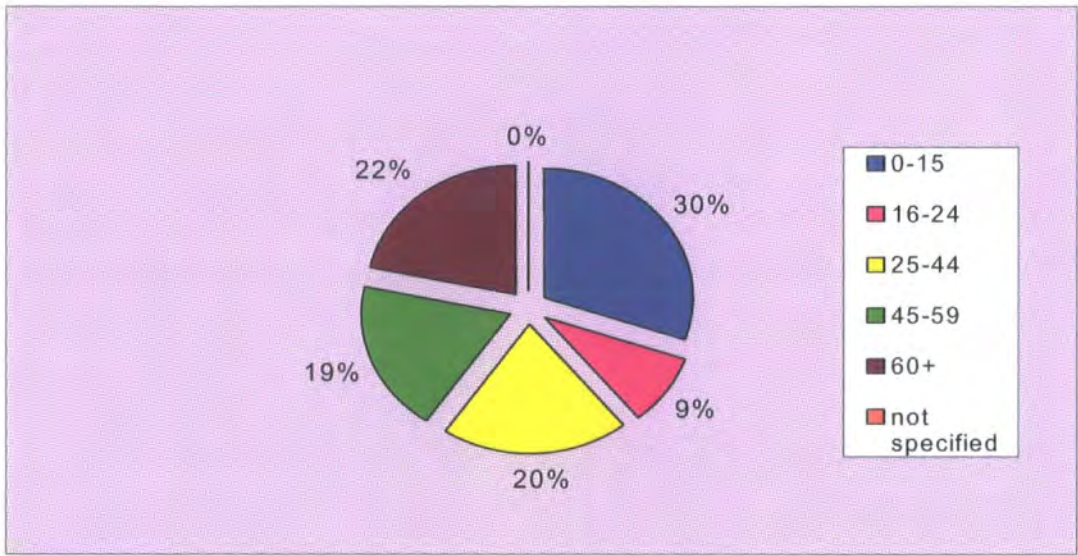


Figure 6. The Age Range of the ‘Ton Up’ Challenge Participants

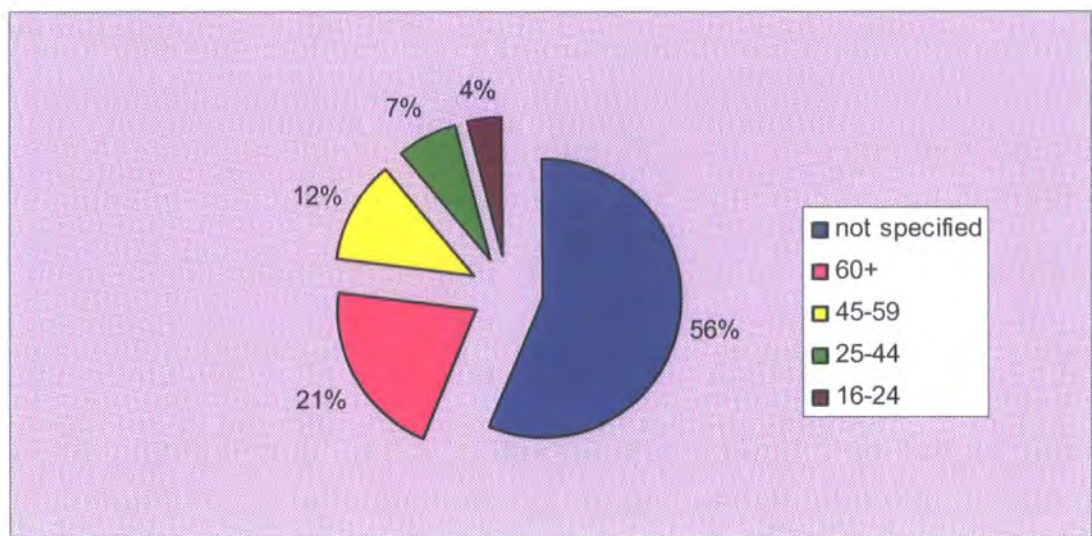


Figure 7. The Age Range of Participants Engaged in the Wear Walking Walks

The figure for the postcodes disclosed under the ‘Ton-Up’ Challenge column in table 2 represents individuals who participated in the ‘Ton-Up’ Challenge alone, those who took part in the ‘Ton-Up’ Challenge and the Wear Walking Walks, and those volunteer walk leaders who completed the ‘Ton-Up’ challenge and/or the Wear Walking Walks. It should also be noted that each individual has only been accounted for in one category to avoid duplication of addresses (i.e. those who participated in the ‘Ton-Up’ Challenge and the Wear Walking Walks will have been included in the ‘Ton-Up’ Challenge column only).

Table 2. The % of Participants to Disclose their Postcode

	TON-UP CHALLENGE (%)	WEAR WALKING WALKS (%)	VOLUNTEERS (%)	TOTAL (%)
Postcode Disclosed	43.9	71.4	90.9	54.2
Missing Values	56.1	28.6	9.1	45.8

Table 2 shows that just over half of all participants confirmed their postcodes, and just under half were unknown and thus recorded as missing values. The disclosure of postcodes allows analysis of areas of residence in relation to wards of deprivation. Thus, from this information it can be deduced whether or not individuals reside within an area of deprivation according to the Indices of Multiple Deprivation and therefore evidences whether targets for inclusion are being satisfied. However, there are several limitations of postcode analysis. Those who have provided their postcodes may not necessarily be 'deprived' in terms of their income, but simply live in a ward that is allocated as 'deprived'. Thus, although statistics show that target areas are being hit, the project may well be comprised of the 'better-off' individuals within a community. Thus, identification of an individual's postcode is not the most efficient means of determining whether participants are truly suffering the effects of deprivation. Instead, a more reliable and valid way to identify 'deprivation' amongst individual households would be to determine the postcode and income and analyse the two concurrently. Thus, it was recommended that future questionnaires allocate a space for postcodes and include a category for income along with occupation. Furthermore, walk leaders must ensure they have an efficient and standardised system whereby all participants are logged and tracked and their postcodes identified.

Of the 68 questionnaires returned, 43 (63%) provided their full address including their postcode, and of the total 212 participants identified, 113 (53%) disclosed their postcode. However, all participants disclosed their address, enabling missing postcodes to be determined using the postal directory. Figures 8 and 9 show the statistics for areas of residence in relation to areas of deprivation for the total number of participants who took part in the initiative.

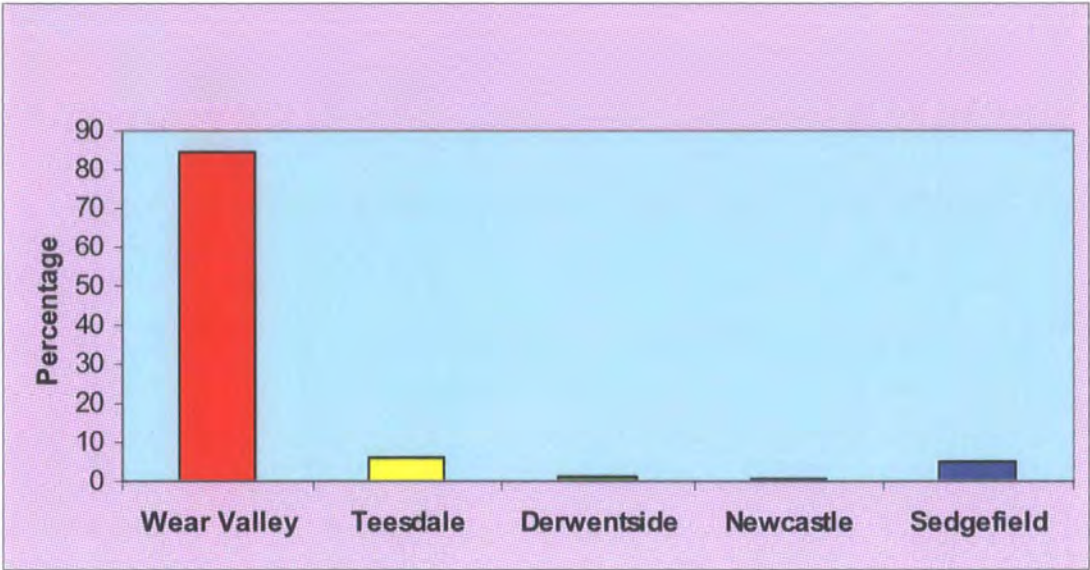


Figure 8. Residential Local Authorities

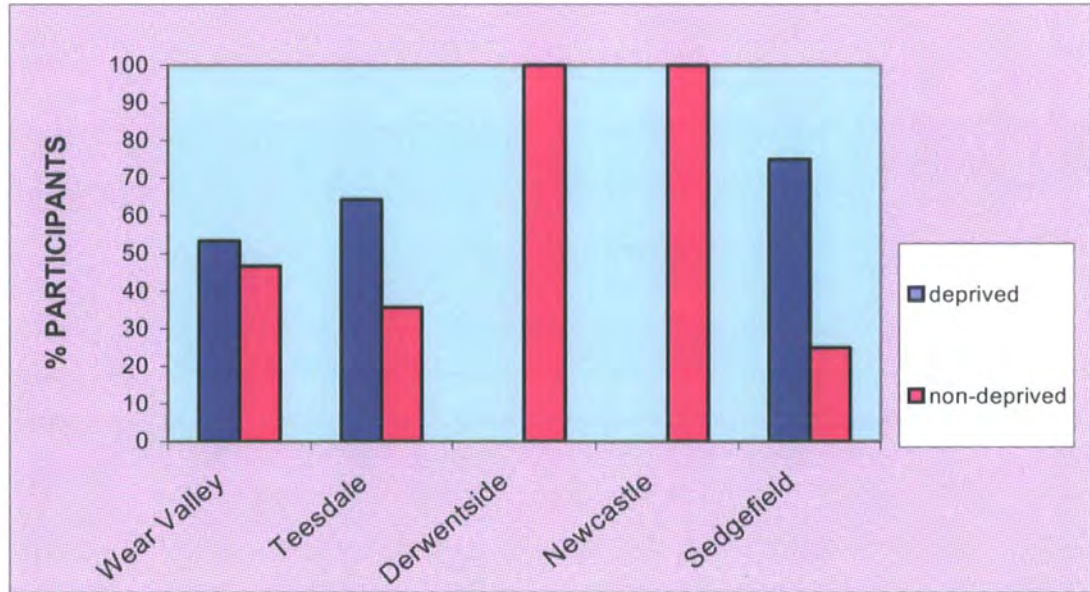


Figure 9. The % of Participants Residing in Deprived Areas within the Various Local Authorities

Of the total number of participants:

- 50% of people lived in a deprived area.
- 50% of people lived in a non-deprived area.

- 84.2% were from the Local Authority of Wear Valley, of which 53.4% were from deprived areas of Wear Valley.
- 6% were from Teesdale Local Authority, of which 64.3% were from deprived areas of Teesdale, and 35.7% were from non-deprived areas.
- 0.9% were from Derwentside Local Authority, all living within non-deprived areas.
- 0.4% were from Newcastle Local Authority, all living within non-deprived areas.
- 5.2% were from Sedgefield Local Authority, of which 75% were from deprived areas.

Table 3 illustrates the number of people who participated in each of the six Sunday health walks, together with the composition of female and male participants for each. Consistency in attendance was clearly demonstrated, with a greater number of females attending each walk except for Escomb and Frosterley.

Table 3. The Number and Sex of Participants Taking Part in Each of the Wear Walking Walks

WALK	Brandon	Wolsingham	Escomb	Frosterley	Bishop Auckland	Willington	TOTAL
TOTAL	20	25	23	16	19	17	120
FEMALE	12	16	10	8	10	11	67
MALE	8	9	13	8	9	6	53

Table 4 demonstrates dedication to regular walking by highlighting the number of walks participated in by each individual. The majority of individuals (42.1%) only participated in one walk, 26.3% participated in two, and only 1.8% participated in all six. Walking for health is concerned with ensuring people become and remain active through regular participation in organised walks. Thus, the fact that participants did not appear to be regularly attending the walks suggests that more emphasis needs to be placed on exercise regularity.

Table 4. The Number of Walks Participated in as a % of the Total Number of Participants

N° WALKS	PARTICIPANTS (%)	FEMALE (%)	MALE (%)
0	5.26	66.6	33.3
1	42.1	62.5	37.5
2	26.3	53.3	46.6
3	10.5	66.6	33.3
4	5.3	66.6	33.3
5	8.8	60.0	40.0
6	1.8	0	100.0
TOTALS	57	34	23

The remaining statistics for the Walking the Way to Health project were gathered from analysis of the 69 returned participant questionnaires. However, limitations of data analysis using postal questionnaires must be addressed. For example, individuals may differ in their perceptions of the meaning of questions which may contribute to inconsistencies in the answers provided. Also, people may differ in the perceived

importance of the questionnaire, and therefore not give the most complete answers. Moreover, an individual’s intentions do not necessarily determine their actions. These limitations should be taken into account when considering the subsequent information.

The following occupation categories were adapted from the National Statistics Socio-Economic Classification Analytic Classes. The chart indicates that 27.5% were retired, 14.5% were unemployed, and 14.5% were employed in routine service and manual occupations. There was only one individual classified under senior managers and administrators, and no one was categorised as middle or junior management.

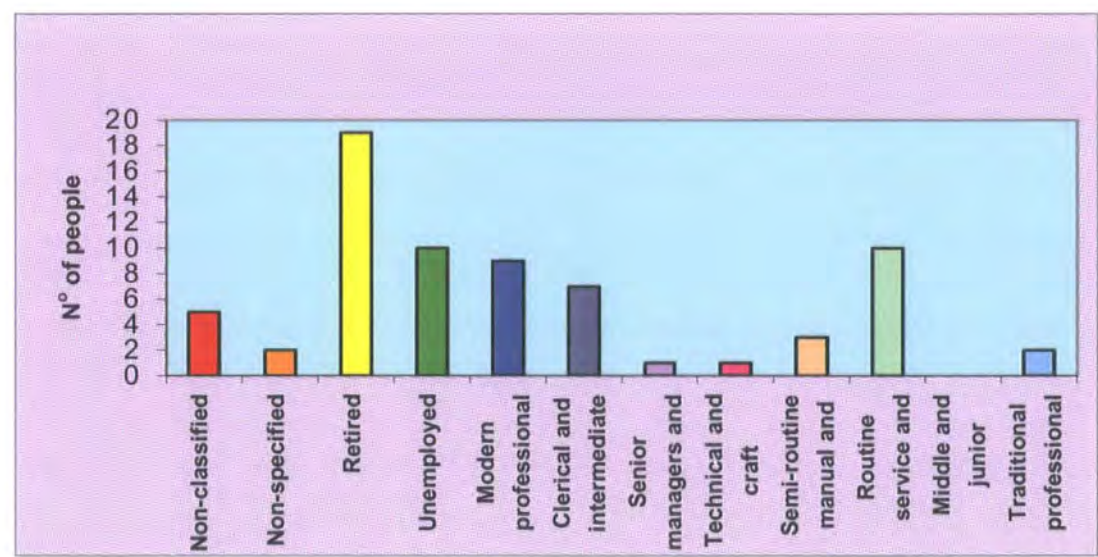


Figure 10. Participant Occupation

Figure 11 emphasises the number of times per week each individual was physically active for a minimum of 30 minutes per session prior to their involvement in the organised walks. The largest proportion (30.4%) met the above specifications twice a week, with 18.8% being active three times per week and 26% participating in physical

activity more than 3 times per week. The data suggest that the participants were those who, on the whole, were already fairly active prior to engagement in the project and were probably not subjected to restrictive barriers in terms of participation. Thus, it has to be considered whether the project is targeting the right people in relation to deprivation.

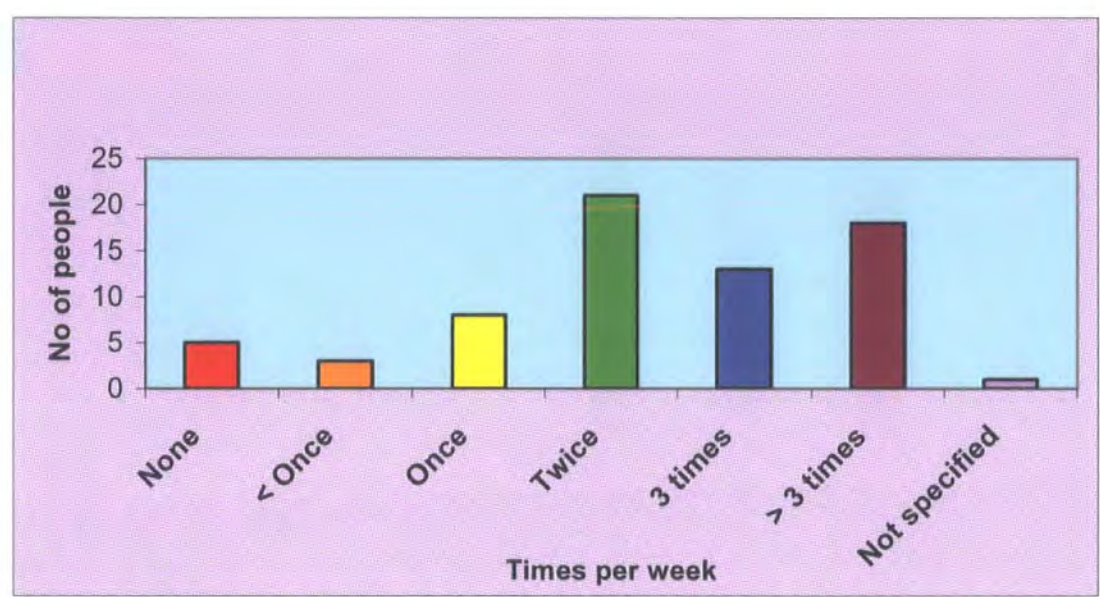


Figure 11. The Number of Times per Week Participants Engaged in Physical Activity of at Least 30 Minutes per Day Prior to Engagement in the Project

It is clear from figure 12 that the majority of individuals (79%) intend to remain active upon completion of the project. However, the frequency, intensity and duration of the physical activity they intend to participate in are unknown, and therefore the benefits of such activity to health cannot be estimated. Further, as mentioned in the discussion around baseline data, people’s perceptions and attitudes do not always correspond with their actual behaviour, therefore it is not enough to know that individuals *intend* to remain active. It is highly unlikely that many people will indicate an intention to do something inherently contradictory of good reason.

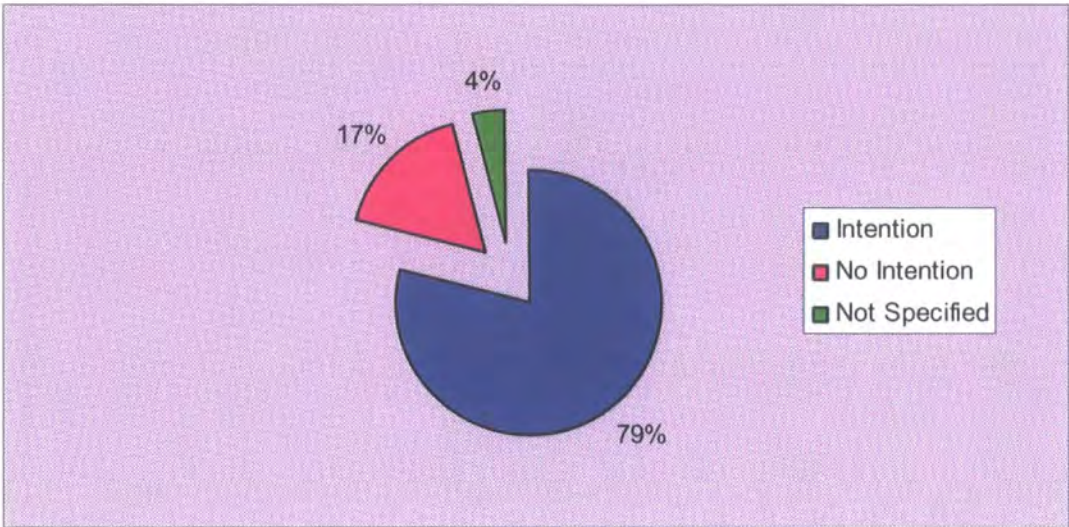


Figure 12. Intention of Participants to Remain Regularly Active upon Completion of the Project

Nevertheless, for those who did intend to remain physically active in the future, the following reasons were provided:

- Appreciation of the natural environment
- Increased motivation due to noticeable improvements in health
- Health improvements
- Weight control
- Fitness
- Social reasons
- Walk the dog
- Member of gym
- Enjoyment of physical activity
- Routine – always have been active
- Hobby
- Change in attitude – never enjoyed walking before participating in the project
- Improved self-concept (feel better about yourself)
- Work requirement to be fit (e.g. police).

And those who did not intend to remain physically active in the future provided the following explanations:

- Lack of motivation – need an element of coercion
- Exercise is a low priority
- Lack of encouragement/incentive/enthusiasm/interest
- Poor weather.

Figure 13 shows the number of people who alleged that they walk more independently as a consequence of taking part in the initiative with just under half believing that they walk more independently.

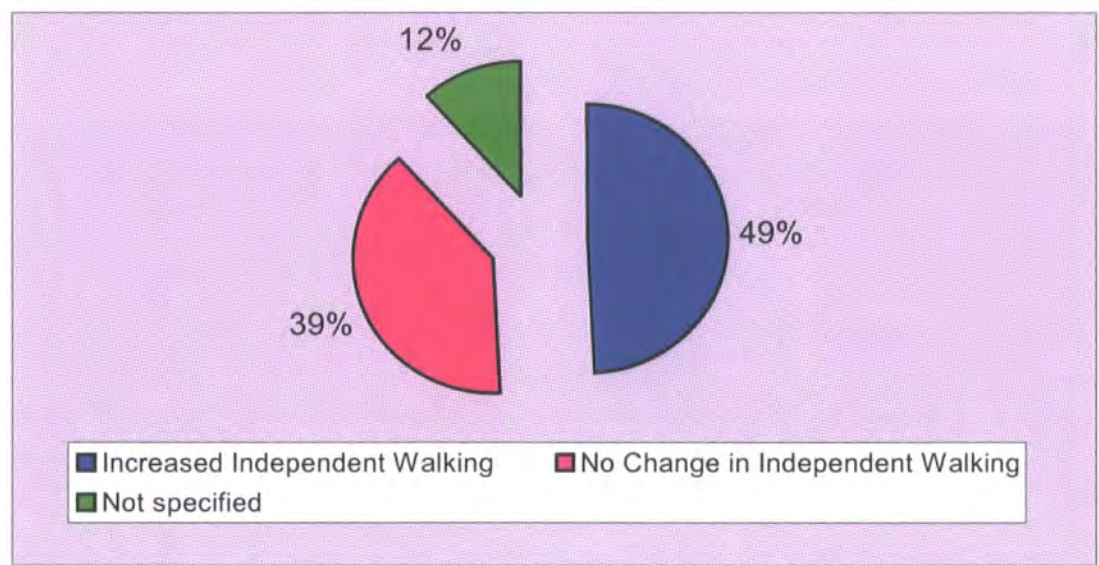


Figure 13. The % of Individuals who Walk More Independently as a Result of Participation

For those who do walk more independently as a result of participating in the project, the following reasons were stated:

- Walk with a friend instead of talking on the phone
- Do the same walking routes with the dog
- Enjoy keeping fit whilst spending time with a spouse

- Walk instead of taking the car
- Partake in other local organised walks
- Will walk during the summer months
- Will walk to work more often
- Will walk more, work-permitting
- Started jogging as a result of walking.

For those who do not walk more independently as a result of participating in the project, the following explanations as to why this was the case were provided:

- Already walked independently prior to the walks
- Prefer to run instead
- Do not have time.

Figure 14 emphasises the problems individuals may have had with regard to taking part in the walks and shows that 71% of participants did not experience any difficulties.

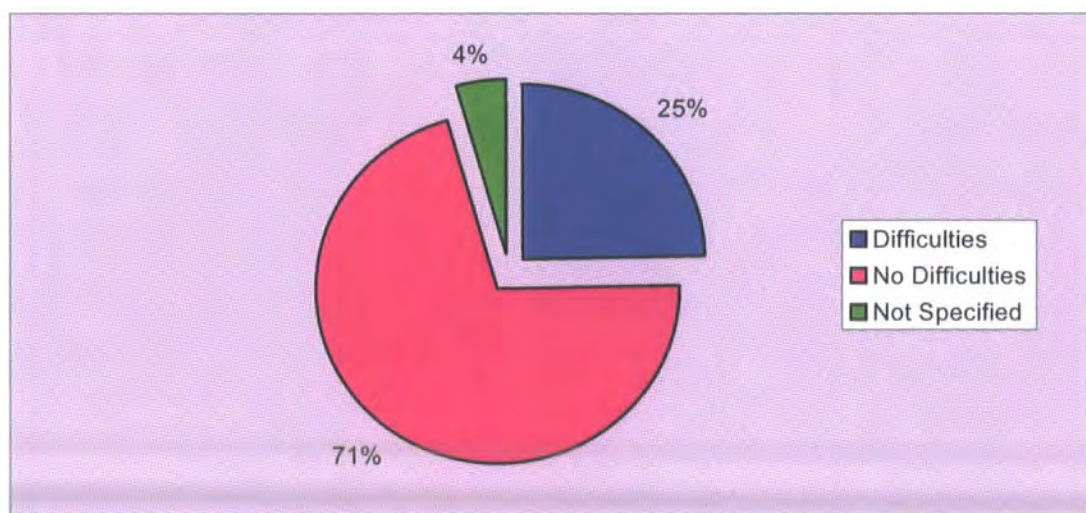


Figure 14. The % of Participants Claiming to Experience Difficulties with Participation

For those who experienced difficulties participating, the following issues were expressed:

- Timing of walks clashed with other commitments
- Health problems – poor eyesight, back problems, breathing difficulties, arthritis
- Bad weather
- Do not want to exercise on a Sunday for religious reasons
- Lack of time
- Work commitments
- Lack of motivation.

Figure15 highlights the number of people who incurred costs as a result of participating in the walks. Although the majority of participants (73.9%) did not perceive any costs to be incurred, on the whole, those who did incur costs believed that the cost was more than worth it.

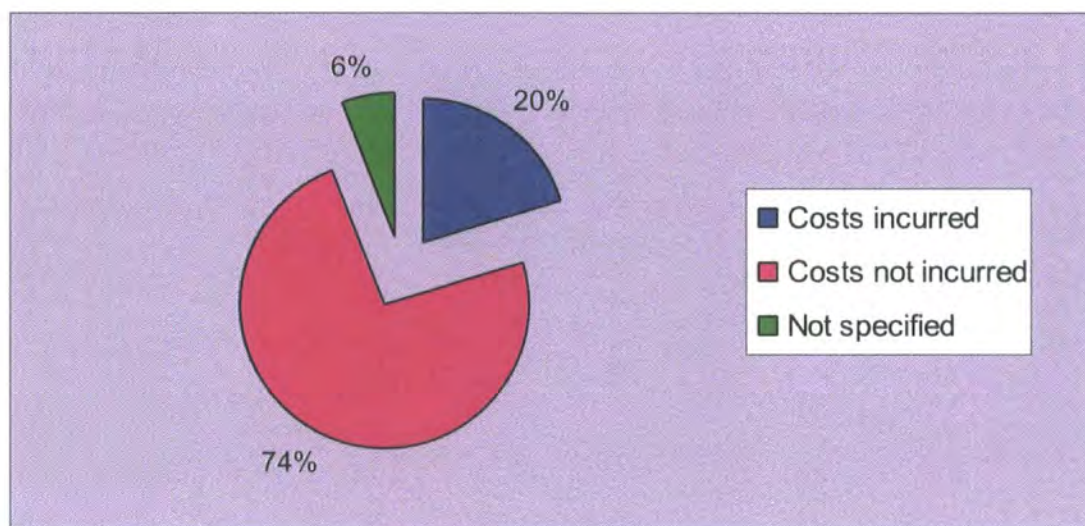


Figure 15. The % of Individuals Incurring Participation Costs

The following reasons were attributed to those who incurred costs:

- Bus fares
- Petrol
- Clothing/equipment – running shoes, walking boots, rucksack, waterproof clothing.

Figure 16 highlights the various methods of project promotion that originally attracted the participants. Some participants specified more than one means by which they became aware of the project. The method of promotion that gained most recognition with 49.4% was word of mouth. The second most popular method was leaflet distribution (18.8%) followed by adverts in the local newspaper (11.8%). Thus, has the project been promoted as effectively as it could have been? For instance, not everyone reads the local newspaper, and not all would pick out the projects being promoted. Similarly, those with a negative attitude toward physical activity would be less inclined to participate. The local paper covers a much wider area than just the deprived wards that the project is targeting. Thus, is this an efficient and effective means of promotion if the project needs to satisfy prescribed targets? Is there a better and more efficient and effective method?

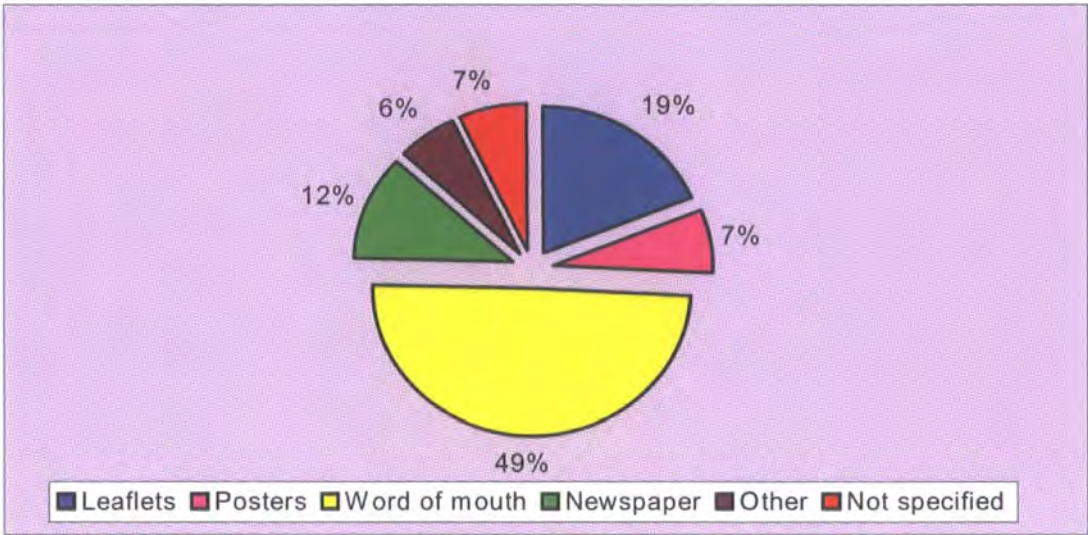


Figure 16. Methods of Project Promotion Employed

The project provided exit routes in the form of referrals and recommendations to other walking groups and also through the provision of independent walk leaflets to encourage greater independent walking. Unfortunately, in year one of the evaluation there were no data to show the number of participants who went on to join a local physical activity group or club, but participants were made aware of the other local walking groups that they were able to attend if desired.

Registers were taken for each walk, although attendance was not compulsory at every session and so it was difficult to determine the dropout rate of participants. Nevertheless, possible reasons for dropout included work commitments, and preference of the individual to walk independently rather than as part of a group.

A change in attitude had been noted in terms of individuals having a more positive outlook and also improvements in health and fitness. Some participants provided positive written feedback regarding their personal experience of the project, whilst others made positive verbal comments highlighting the benefits of participation, such

as an enhancement in fitness and social life. Thus, evidence of participant enjoyment of the project serves to highlight its success.

Year Two

During year two (April 2003-April 2004) data were collated from several sources. Initially, a participant database was compiled from information collected at each of the walks. In addition, participant questionnaires were distributed, collected and subsequently analysed. Furthermore, several walks were attended and participants informally interviewed in order to gauge their opinions and perceptions.

Analysis of the Walking the Way to Health database confirmed that a total of 535 participants had taken part in one or more of the organised walking events from the project's initiation in April 2002 to April 2004. However, this was over a two year period, and as year one illustrates, the total for 2002 was 212. Thus, whilst initial analysis of this figure may indicate success, this is not the case when considered in relation to the project targets. Given that the original target was to attract a total of 480 *new* participants each year, there needed to be some thought given as to why the project had only engaged at best half the intended numbers in any one year. One reason may have been that the original target was too high and thus unrealistic. In this case it may have been prudent to have reconsidered this particular aim. The project leader was advised to revisit the local policy outcomes, determine who set the original targets and identify the criteria used in their establishment. Furthermore, it was important to highlight those who chose to discontinue their participation and establish the reasons why. According to the database, 43% of the 535 individuals who had taken part only did so during 2002 and failed to return the following year. Similarly,

38% took part during 2003 but did not continue their participation from then on in. This has a considerable impact on sustainability and so it is imperative to encourage frequent participation. If, after a year of participation these individuals decided to walk independent of the project, the project could still be considered a success in terms of sustainability of activity levels. However, it is important that this information is clarified, and a system to accurately record additional activity levels is developed.

In contrast to participant engagement, one target that had been greatly exceeded was that of the volunteer walk leader recruitment. Within one year of the initiative, 22 volunteer leaders had been engaged, already surpassing the initial target of 12 per year by nearly 100%. During year two, the project managed to attract 56 volunteers, a further increase of approximately 150%. Thus, attracting walk leaders is clearly not a problem but the retention of them is an issue for consideration. However, as with original participant target numbers, justification must be sought as to how the target number for volunteers was determined.

A further consideration for this particular project is whether the original target for engagement is representative of the target population. The population of Wear Valley, as measured in the 2001 census, was 61,339, of which 48% were male and 52% female. The greatest percentage (42.8%) were aged 30 to 59. 23.2% were aged 60 years or older, 19.7% were aged 16 or under, and 14.4% were aged 16 to 29 years. These data are depicted in figure 17.

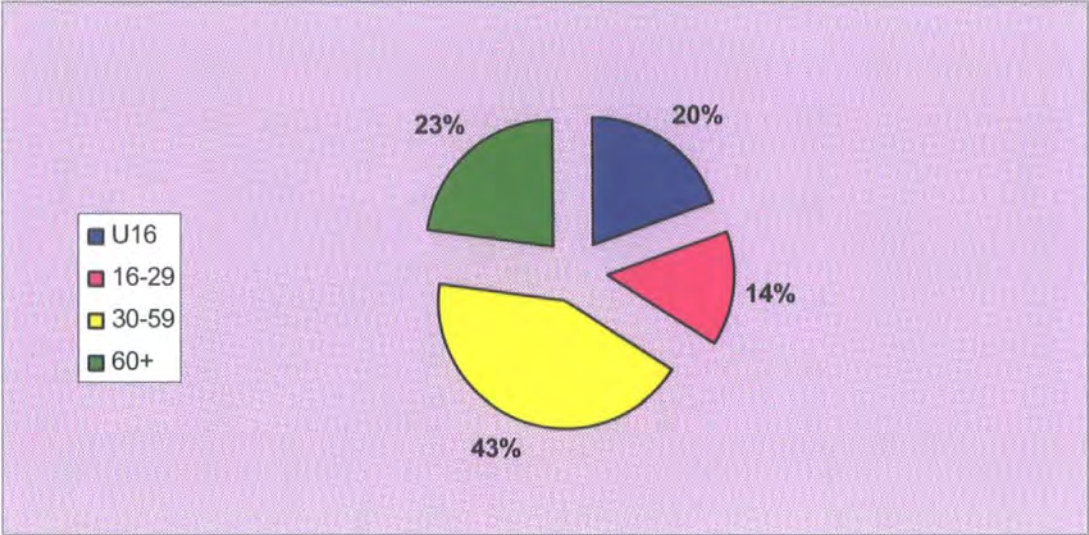


Figure 17. Age Distribution of the Wear Valley Population

When considering the number of people who engaged in the project, of the total Wear Valley population only 0.5% of individuals aged 16 years or under, 0.56% of those aged 16-59, and 1.2% of individuals aged 60 years or older had participated in the Walking the Way to Health initiative, as illustrated in figure 18. Thus it is clear that there is scope to enhance the lives of a far greater percentage of the population through engagement in the project if marketed more effectively. It should be noted that although the project database grouped participants according to age, there were differences with how the Wear Valley census exhibit their data, making comparisons between distinct age groups problematic. For instance, there were differences between the ages of 16 and 59, with the census grouping individuals aged 16 to 29 and 30 to 59, where as the project differentiated between ages 16 to 24, 25 to 44, and 45 to 59. Thus, for the purposes of this discussion, all those aged between 16 and 59 (both from the database and the census) were combined and considered as one group in order to be able to make comparisons.

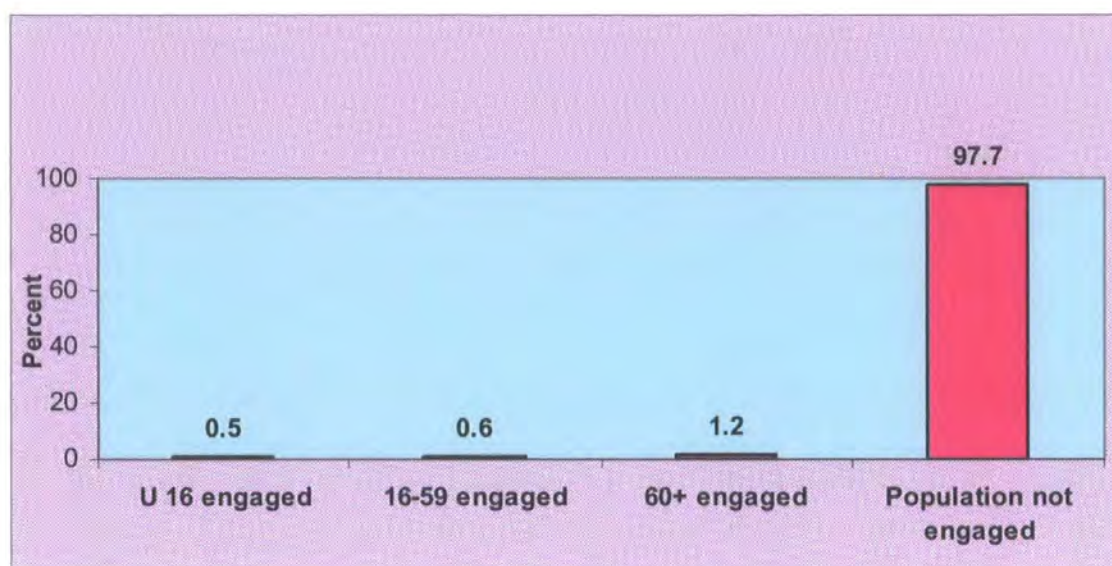


Figure 18. % of the Wear Valley Population to Engage in the WHI

Consideration needs to be given as to whether all Wear Valley residents were aware of the opportunity to participate in such a scheme and if so, why was the uptake proportionately low relative to the population? It may well be that engagement of a greater number of participants would be problematic due to limited resources, but this does not inhibit initial interest, and there has been no indication that demand has simply exceeded supply. Thus, it is important to consider the project promotion methods adopted and how it was ‘sold’ to the individuals who took it upon themselves to initiate involvement. Perhaps the project needs to be remarketed each year to think of new ways of attracting additional participants.

From a SAZ perspective, there was no instruction to target a specific segment of the population. However, of all participants who engaged in the walks, 71% were female and 29% male. Thus, why is this so? Is it because this kind of activity is simply more appealing to the female population, or is it because the initiative has been marketed in such a way, intentional or otherwise, to specifically attract a greater number of females? Again, the marketing methods need to be revisited and reconsidered. It is

possible to increase significantly the total number of participants over the coming years by concentrating on the male participation rate. However, it is also possible that this may serve to reduce the number of females attending the walks. Therefore, it is important to determine the outcome of a greater male presence and whether this would have a positive impact on the project as a whole. It is suggested that this would only serve to enhance participant numbers of both genders, as most walking groups comprise a number of male participants. Furthermore, interviews clarified that older generations simply enjoy the companionship of another individual, irrespective of gender.

Over the two years of the project, participants have been able to take part in the following walks or walking groups:

- 'Ton Up' Challenge
- Christmas Pudding Challenge
- Wear Walking walks (Sunday walks)
- Exercise referral walks
- Physically Active for Life Seniors (PALS)
- Crook library walks
- Four clocks walks
- Hospice walks
- Pathfinders walks
- Asda walks
- Coundon and Leeholme walks
- Willington walks
- Auckland Amblers

- Etherly Amblers

Of those who revealed which walks they had participated in, the greatest percentage of individuals took part in one of three walks: the ‘Ton Up’ Challenge, Wear Walking walks, or PALS. Furthermore, 40% took part in the ‘Ton Up’ Challenge, of which 77% did not participate in any additional walks. In all, 21% took part in the Wear Walking walks, of which 67% took part in these walks alone, and 20% disclosed their participation in walks organised by PALS. It appears that the other walks failed to attract as great a number of participants as the three aforementioned. Figure 19 depicts the percentage of participants that engaged in each of the additional walks listed above.

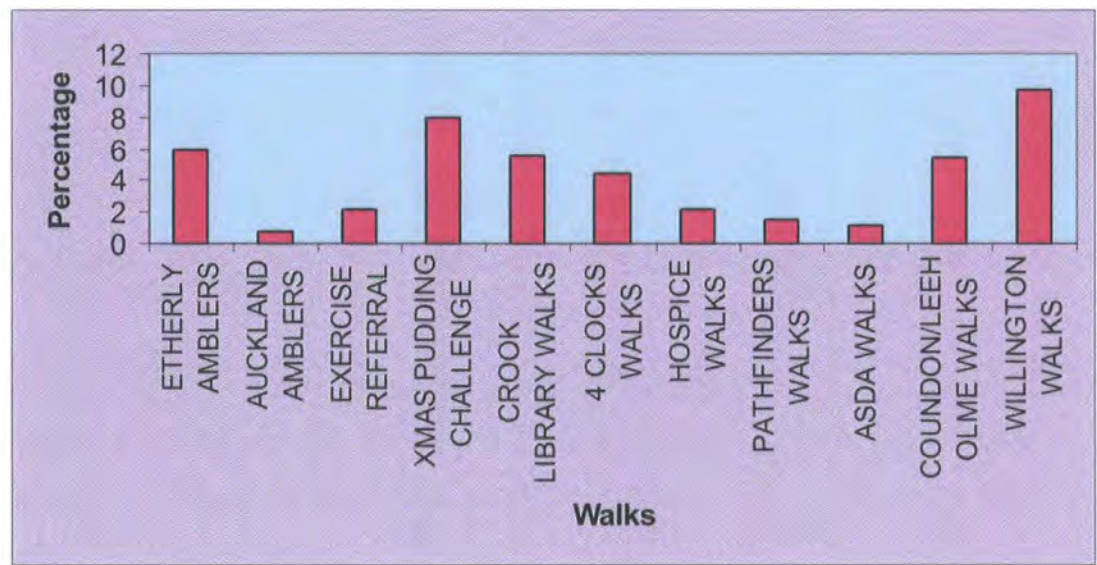


Figure 19. % of Individuals Participating in the Various Walks

Furthermore, 96% of all participants recorded on the database disclosed the number of walks they took part in. These are illustrated in figure 20.

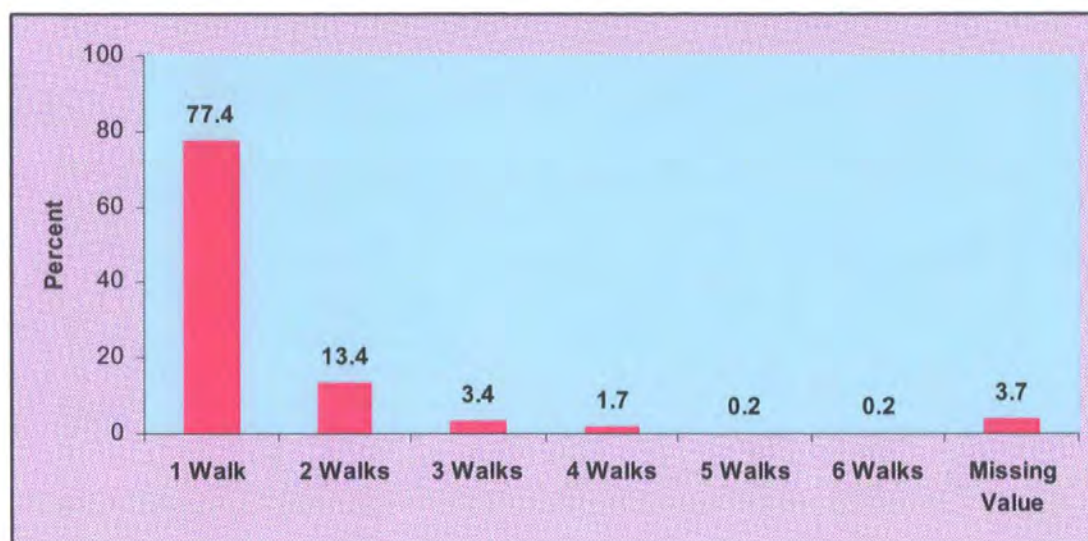


Figure 20. The Number of Walks Participants Engaged in

In terms of areas of residence, 98.3% of individuals disclosed their postcode for the purpose of participant database records. Of these participants, approximately 85% were shown to reside within the Local Authority of Wear Valley, of which 44% lived within a deprived area of this Local Authority. Indeed, 50% of *all* participants (from all Local Authorities) lived within an area of deprivation. Table 5 shows a full list of participants' residential Local Authorities, together with an indication of whether they lived within an area of deprivation.

Table 5. Areas of Participant Residence

LOCAL AUTHORITY (L.A.)	% WHO RESIDE WITHIN THIS L.A.	% LIVING WITHIN AN AREA OF DEPRIVATION
WEAR VALLEY	85	44
SEDFIELD	5	85
DERWENTSIDE	2	40
TEESDALE	6	6
DURHAM	1	80
DARLINGTON	1	100

Analysis of the postal questionnaire provided additional information to that presented in the participant database. The questions were similar to those of the previous year and were mainly focused around physical activity habits, beliefs and desires. A total of 535 questionnaires were delivered to each of the participants on the database, of which 113 were returned equating to a 21% return rate.

Figure 21 displays the number of times per week each individual claimed to be active for a minimum of 30 minutes. Given the Government’s recommendation for adults to accumulate a minimum of 30 minutes of moderate intensity exercise at least five days a week (Department of Health, 2004) and for children to achieve at least 60 minutes per day of moderate intensity exercise, it is clear that more than two thirds of the individuals participating in the walking scheme failed to achieve these targets. Thus, even those who perceived themselves to be active were not active enough to significantly benefit health. These data correspond with national findings as approximately two thirds of men and three quarters of women report inadequate levels of physical activity (Joint Health Survey Unit, 1999).

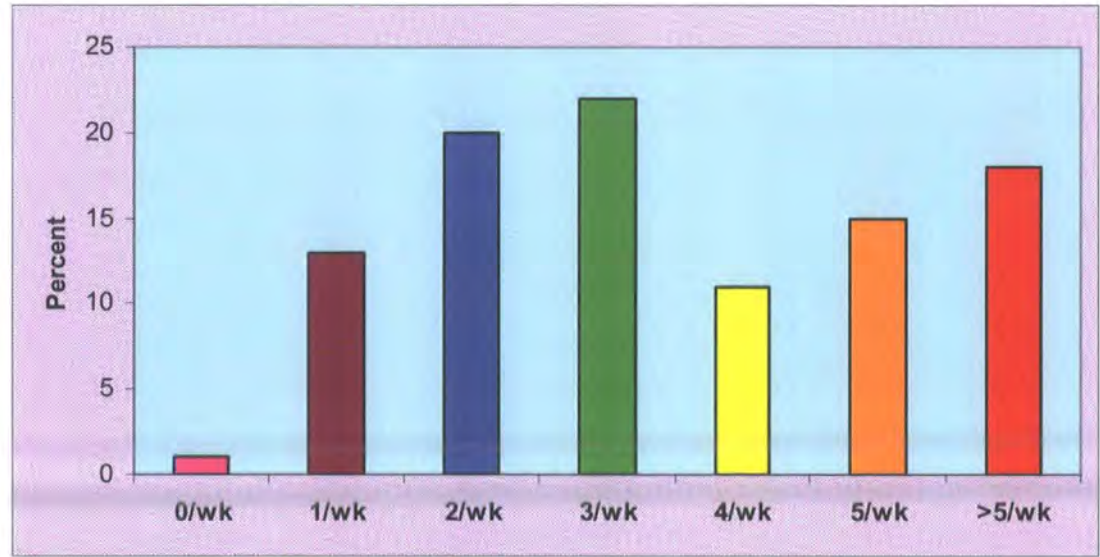


Figure 21. Frequency of Current Participant Physical Activity

Specific questions allowed a comparison to be made between physical activity levels prior to, and as a result of engagement in Walking the Way to Health. It appears that the scheme has contributed to an increase in participant levels of physical activity, with approximately a 9% increase reported in the number of people undertaking the recommended levels of physical activity.

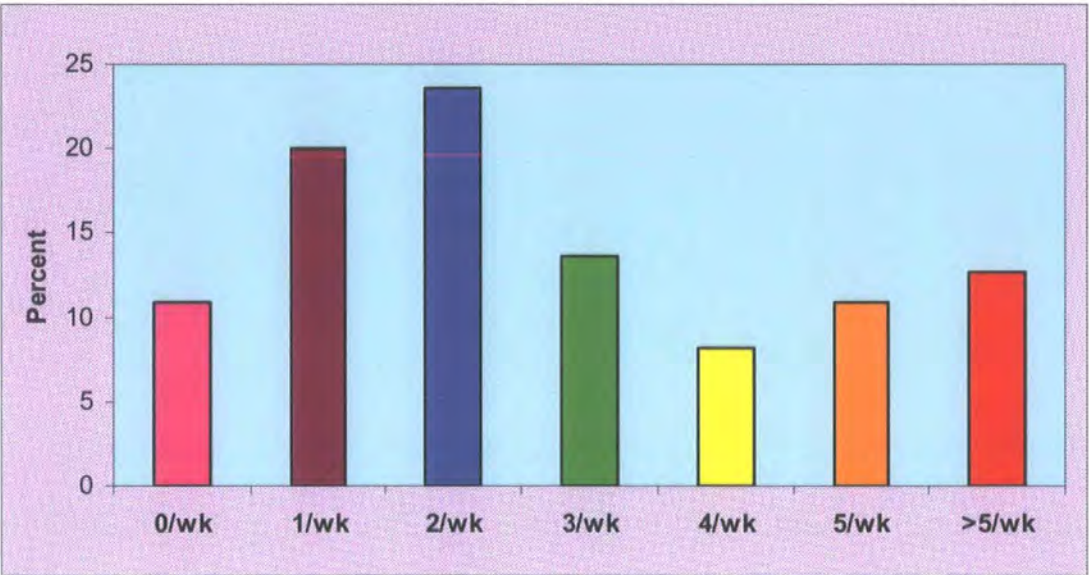


Figure 22. Frequency of Participant Physical Activity Prior to Engagement in the Walking Initiative

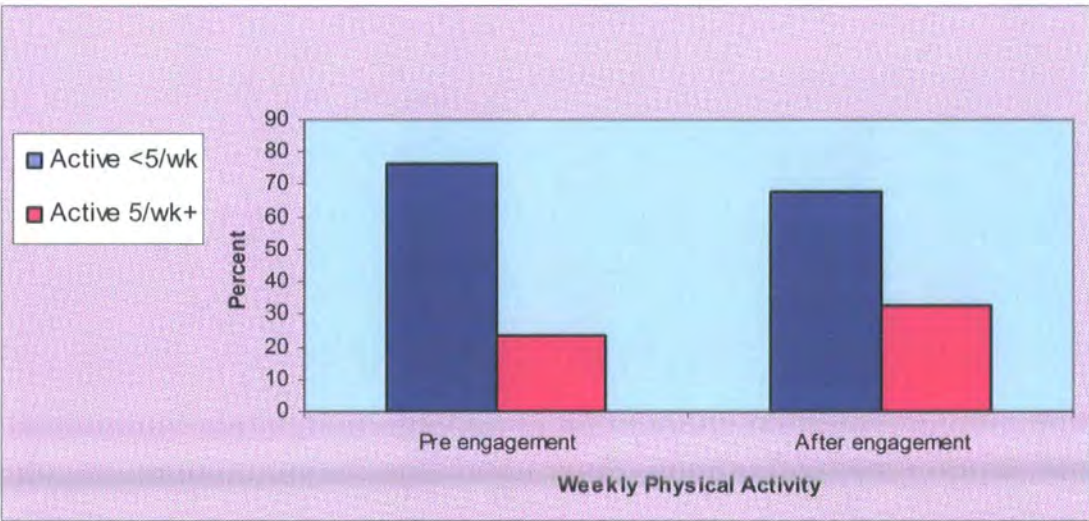


Figure 23. Comparative Weekly Levels of Physical Activity Prior to and Following Engagement in the Walking Initiative

However, whilst there was an increase of 37% in the number of participants achieving a minimal engagement frequency of five times a week, this remains unsatisfactory as it implies that two thirds of participants were still not fulfilling basic physical activity requirements. Indeed, although 76% of participants stated that their activity levels had increased as a result of taking part in the walks, this simply indicates that they were not sufficiently active before they engaged with the scheme. Moreover, for 70% of this particular group to attain the Government's target level, approximately a 200% increase is required in the number of individuals who admitted to being active for 30 minutes at least five days a week.

In terms of the regularity of walking, the greatest proportion of participants (36.8%) claimed to walk only once per week, again highlighting inadequacies with regard to achieving the physical activity targets set by the Government. This is of particular concern given that the majority of individuals claimed that they were previously active before they joined the various walking groups. Thus, if these people were failing to achieve the aforementioned physical activity targets, drastic measures are required if the Government is to have any chance of significantly increasing levels of sport and physical activity with the target of achieving 70% of the population as reasonably active. Figure 24 illustrates how often participants claimed to engage in the walks. Note that 34% specified 'other' as their response. When asked to expand upon this, the vast majority stated that they participated when they could.

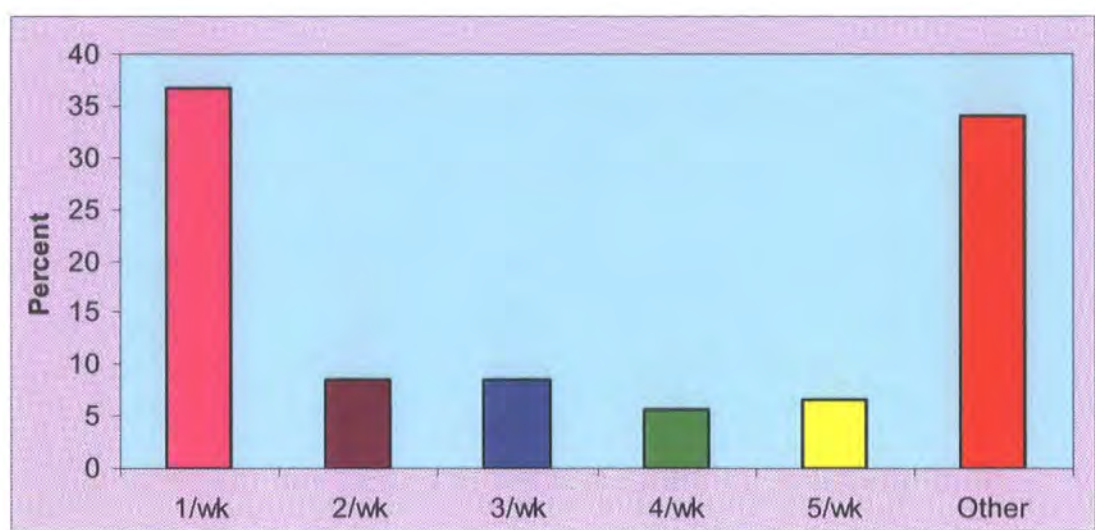


Figure 24. Regularity of Walking

However, if only 7% of participants claimed to walk five times per week, this indicates that individuals participated in additional physical activities, as 33% of walkers claimed to be active for 30 minutes at least five times a week. Nonetheless, this still means that two thirds of participants need to significantly increase their activity levels to satisfy Government requirements.

When asked for how long they would like to take part in the walks, the vast majority (78.3%) indicated that they would like to do so for life. This suggests that the intention to continue was present amongst many. However, this information is somewhat contradictory as only 4% of participants engaged in walks in each year of the project’s life, and serves to substantiate earlier claims that opinions and attitudes do not appear to be congruent with behaviour. Thus, it is important to determine why participants chose to leave the walking group and how it has impacted upon their exercise behaviour. It could be that they now walk more independently or have joined an alternative walking group. It cannot be due to the poor organisation of the scheme

as all questionnaire respondents claimed that the walks were well organised and well led. Therefore, other reasons for this apparent lack of continuity must exist.

Of all respondents, 89% of individuals claimed that they would continue to exercise upon cessation of the project. However, given that approximately 67% of participants were failing to undertake adequate exercise at that point in time, they would have to increase their activity levels even further if they were to stop walking. It may well prove beneficial to introduce an educational element to the Walking the Way to Health scheme, to ensure that every participant is aware of current Government targets for physical activity, and provide advice and suggestions as to how people can ensure they achieve these aims. However, it would be of additional benefit to establish the reasons why 11% of respondents did not think that they would continue to exercise if the project were to stop. The ideal is to engage people in a type of life-long physical activity which suits them. Thus, if the project is failing to do this it is important to establish the reasons why.

An interesting topic for consideration is the household income of participants. 61% of questionnaire respondents disclosed their household income, which when analysed produced the data displayed in figure 25. The majority of participants received an annual income of less than £10,000 but this corresponds with the age statistics for the group and was therefore expected given that more than half of all participants were over 60 years of age and retired. In general, as annual income increases, the percentage of individuals who earn that amount steadily decreases until the last income category is reached. Here, there is a sudden increase in the percentage of the population receiving this amount of income. More precisely, those earning more than

£30,000 per annum account for just under one fifth of all respondents and can therefore not be considered as deprived.

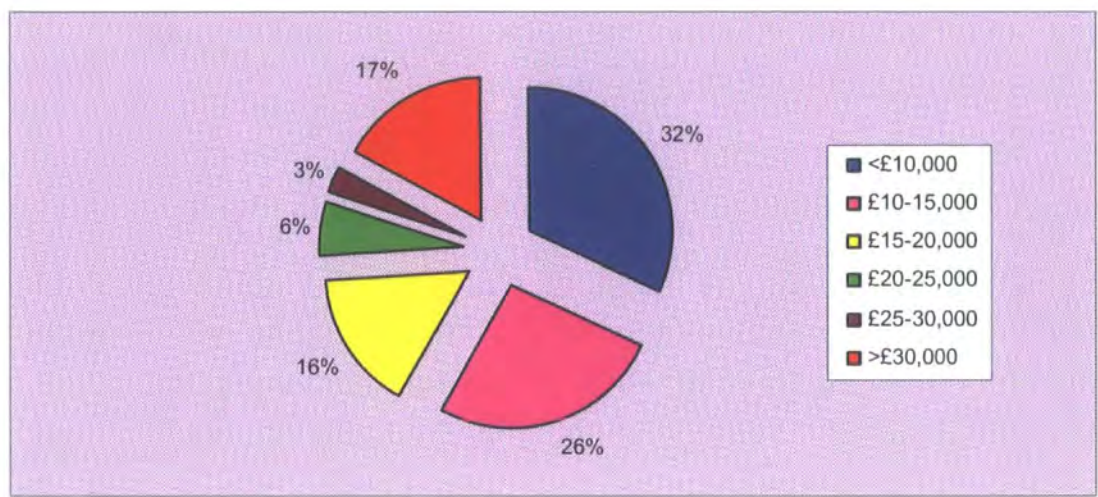


Figure 25. Annual Household Income

In terms of travel, it seems that the majority of individuals travelled by car to reach the meeting point for each walk. This suggests that the majority of individuals either owned a car or travel shared. Given that 32% of Wear Valley residents did not own a car (as stated in the Census, 2001) this again suggests that a major segment of the walking participants did not reside within a deprived area. Indeed, this corroborates the findings with regard to participants’ areas of residence, which show that only 44% of those who resided in Wear Valley were from an area of deprivation. Figure 26 illustrates the different means of transport utilised by participants.

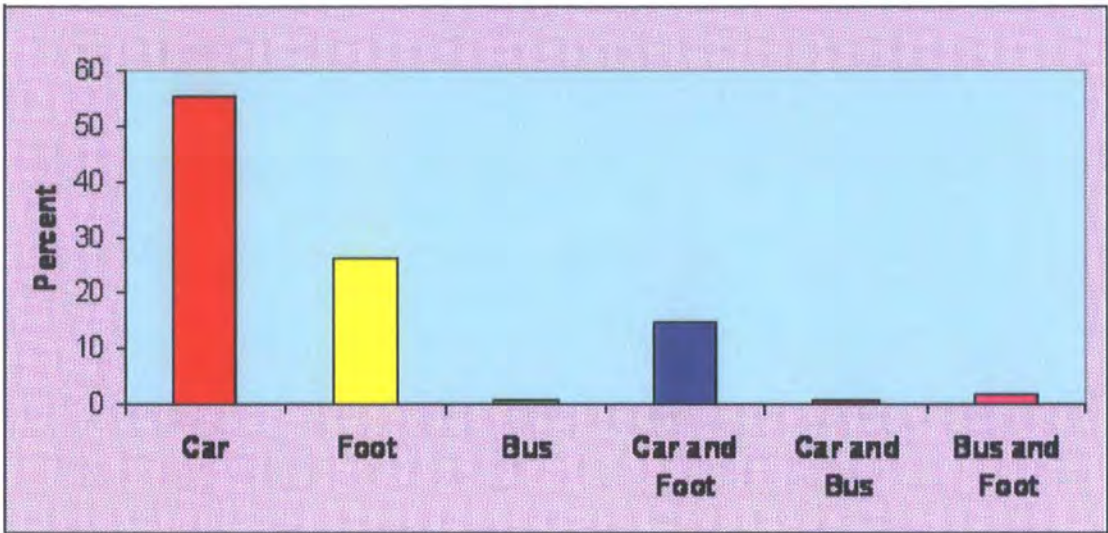


Figure 26. Participants' Chosen Method of Transport to the Location of Each Walk

Participants were asked to attribute a level of importance to the variables of health, social life, enjoyment and self-esteem with regard to what they believed the walks had the greatest impact upon. Figure 27 highlights the importance attributed to each variable.

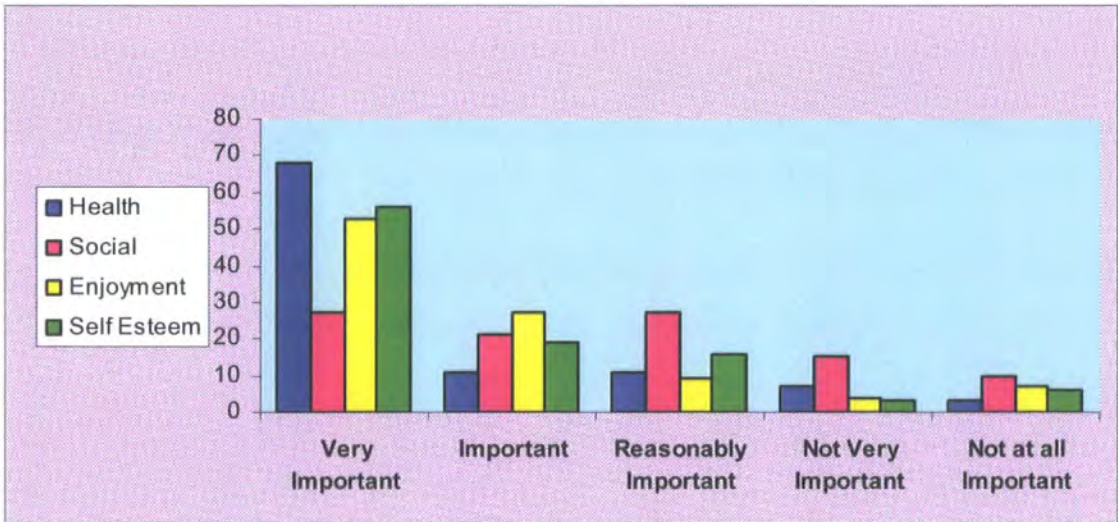


Figure 27. Importance Attributed to the Reasons for Participation

Although most aspects are considered as important reasons to participate in walks, it is noticeable that health is considered to hold the most importance, followed by self-

esteem, and enjoyment. However, the social aspect of walking appears to hold considerably less importance than expected. In contrast with these findings however, whenever individuals were interviewed, the social aspect of walking was always noted as a major reason for participation, especially amongst the older generations who are extremely glad of the companionship walks provide. Further clarification on determinants of walking would prove beneficial.

The majority of participants were notified of the walks through word of mouth. Originally individuals were made aware of the project through other means, such as the local paper, library and leaflets. However, a greater number of people became aware of the project through friends and family who were already taking part in the walks. Indeed, 95% of questionnaire respondents stated that family and friends were aware of the project, with 85% claiming that family and friends actually took part in the walks. Word of mouth appears to be the greatest method of project promotion with 42% of respondents stating that this is how they became aware of the project. Figure 28 displays the various ways that individuals discovered Walking the Way to Health project. Only 6% affirmed that they had seen a poster advertising the initiative (although they had heard of the project through other forms of advertising also) which suggests that effective marketing is essential if the project is to observe a greater impact in terms of recruitment.

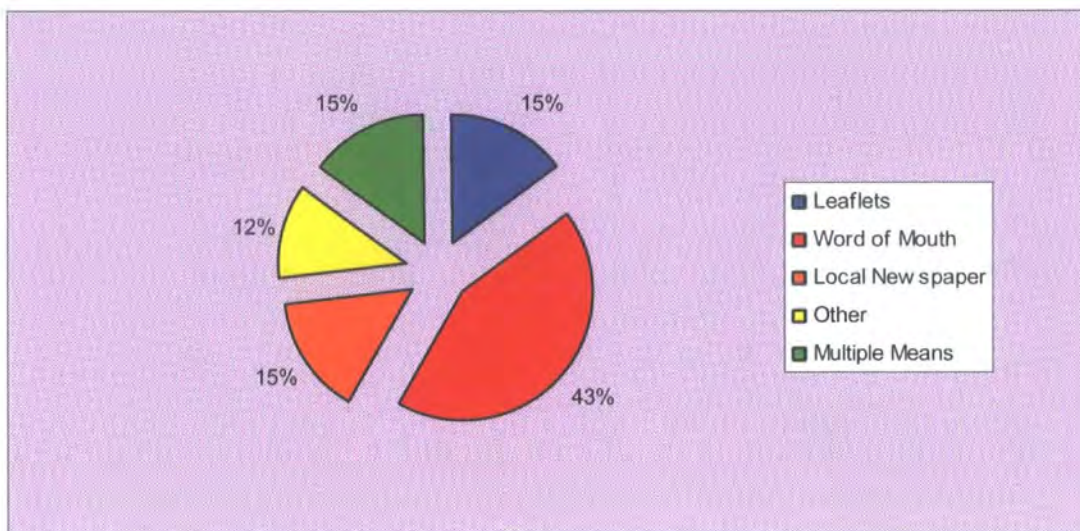


Figure 28. Methods of Project Promotion

Year Three

During the preliminary two years, data for this project were collated and analysed using both the participant database and postal questionnaires. Year three (April 2004-April 2005) of the monitoring and evaluation provided an additional strength to the research through the numerous participant interviews that were administered, giving the qualitative research greater importance. In total, 66 interviews were carried out, 13 with volunteer walk leaders, 46 with the Wear Walking groups and 20 with ‘Ton-Up’ Challenge participants.

The main criticism of this project from a SAZ perspective is that, in comparison to The Countryside Agency, the SAZ is only a minor funding body. During an interview with the SAZ manager, it became apparent that this was due to the SAZ being very much a victim of its own success in being able to pull external cash into the walking project in its very early days, which meant that only a small amount of SAZ money was then required. Thus, the direct hold and power held by the SAZ became very much secondary to The Countryside Agency, and the targets and outcomes of the

latter were able to dominate. Therefore, criticism from a monitoring and evaluation point of view is purely from a SAZ perspective and highlights the frustration of not being able to hold greater power over the targets they would have liked the project to achieve. This illustrates the problems that can arise from partnership working, when the possibility of a conflict of interests arises. This problem is further compounded by the fact that the Walking the Way to Health Co-ordinator sees 'anyone and everyone' as the project's target audience whereas the SAZ is all about hitting those in deprived communities.

Analysis of the Walking the Way to Health database shows that a total of 726 individuals participated in the project over the course of the first three years. This means that the project engaged with 1.2% of the Wear Valley Population over a three year period. The annual new participant uptake has been fairly undulating. In 2002 196 individuals joined the scheme. This dropped to 133 in 2003, rose again to 216 in 2004 and fell slightly to 181 in 2005.

However, the sustainability factor over the course of the previous three years shows there is a big drop off rate from year to year as has been discussed in the analysis of years one and two. From an initial 196 in 2002, there was an 80% decline in the number who participated in both 2002 and 2003 to 38, a further decline to 28 between 2002 and 2004, and only seven people taking part each year from April 2002 to April 2005. Thus, sustainability is a significant factor that the project needs to address in terms of the participant's activity levels as well as the project itself. One way to monitor this in the future would be to track all participants after they have fallen out of the scheme and determine their new physical activity levels and type of activities

undertaken. This will help to verify whether or not individuals are maintaining their level of activity despite no longer being part of the SAZ project, which may well be the case. Thus, to determine the real long-term impact of the project, monitoring of participant drop-out needs to be established. Indeed, according to those interviewed, a proportion of them do in fact undertake other activities outside of walking such as swimming, gardening, cycling, dancing and badminton.

With regard to reasons why individuals walk, there were numerous factors involved, physical, social and psychological. These include: the feel good factor; to get out of the house; to go on different walks; to do something different; to have the security of the group; and to get rid of stress (each accounting for between 2% and 9% of responses). However, the main reasons for joining a walking group were for the enjoyment of walking (15%), for the exercise (23%) or for the company (31%).

Of the 726 individuals that participated between 2002 and 2005, 70% were female. This is a consistent annual trend but what are the reasons behind this? In previous years it was suggested that the project should reconsider the marketing methods employed in an attempt to concentrate more heavily on increasing the percentage of male participants, but acknowledgement of this suggestion is questioned. Conversely, the comparatively greater number of women who participated in this project could be viewed in a more positive light as it is indeed women who are a target group with regard to increasing levels of physical activity.

Walking is undoubtedly an activity that the older female population enjoy taking part in for various reasons, particularly for the social aspect involved. Encouraging older females to engage in activity may be easier than encouraging younger females as the

former actively seek companionship. This requires careful deliberation given the obvious drop out rates during and beyond the teenage years. Furthermore, it may be that older males are more apprehensive about joining a group than their female counterparts. The interview data suggests that women are more likely to come along with a friend, whereas men find it harder to engage without someone to spur them on. Indeed, one of the walk leaders stated how:

a lot of people are shy to come forward for the first time, unless they have someone to come with. A chap from Bishop rang me and asked if he could join and he has not come. Also, husbands will not go without wives and if one can't go then both don't go.

So perhaps this goes some way to explain why there may be a disproportionate number of males in comparison to their female counterparts.

In terms of age, figure 29 shows that over the course of the project's life, the greatest frequency (30%) of participants were aged 60 or older, with relatively equal amounts (~20%) of people taking part from the age groups U16, 25-44 and 45-59. Looking at the spread of residents according to age across the district (as depicted in figure 30), it is similar to the spread of participants taking part in the walking project. Thus, the project can be seen as being representative of the district population as a whole and is therefore what we should expect when considering the engagement of participants across the respective age groups.

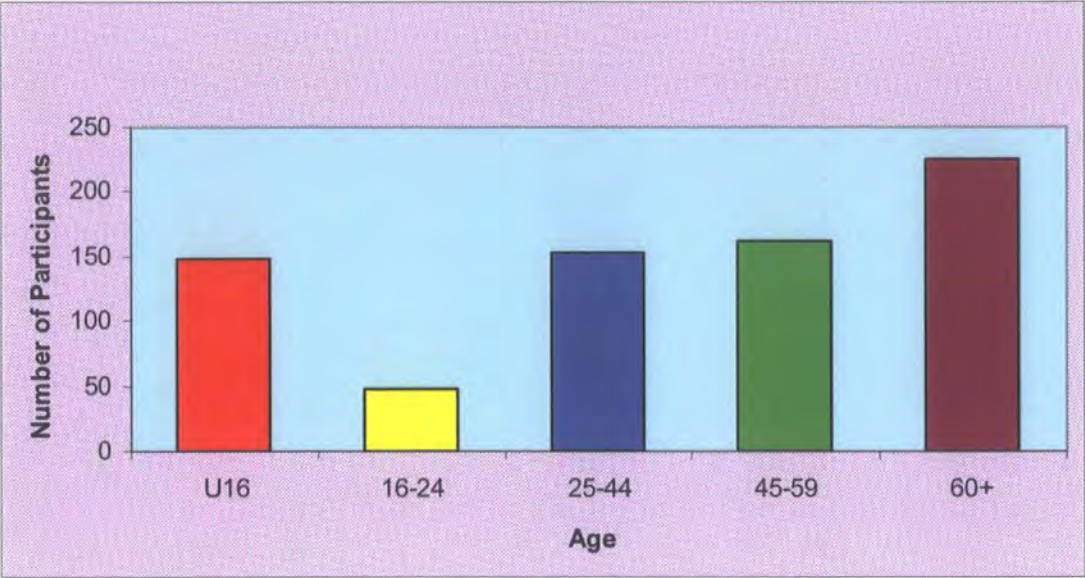


Figure 29. Age Range of Participants April 2002 – April 2005.

Those aged 16-24 accounted for the fewest number of participants (7%) but perhaps this is accounted for by the large number of individuals in this age group who were involved in the CPAC activities. Thus, there may not necessarily be a need to try and target this age group if they are active elsewhere. It would be wiser to focus on the older individuals and ensure their needs are fulfilled rather than trying to get younger people to take part in an activity that has no appeal. Furthermore, in terms of occupation status, an overwhelming 83% of interviewees were retired, which explains the large percentage of 60+ year old participants.

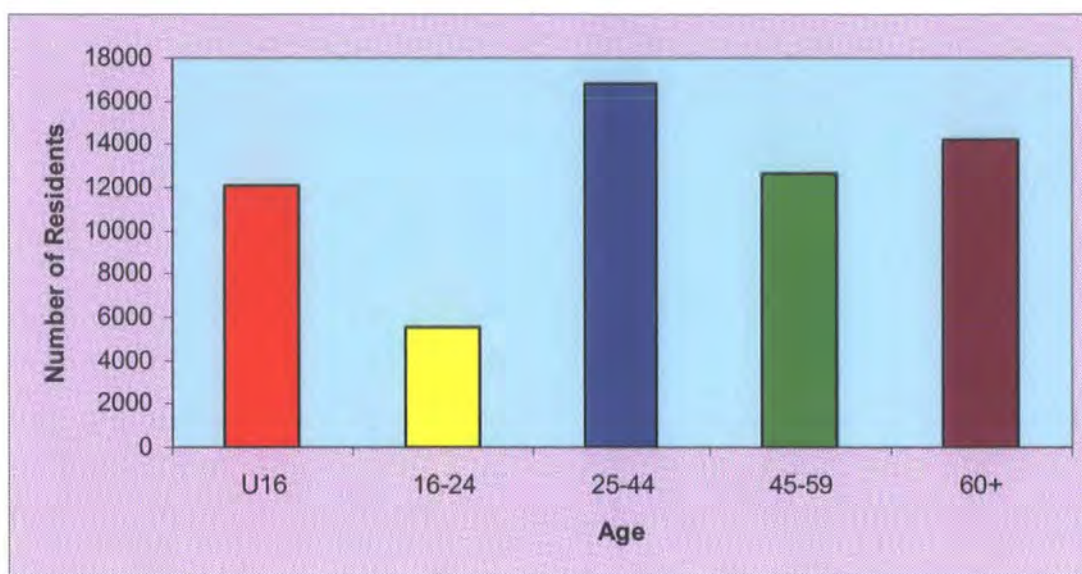


Figure 30. The Number of Individuals Residing within Wear Valley According to Age.

In addition to the walks available throughout year two, an additional four walking groups were added over the course of year three. Of those who disclosed which walks they had participated in, 89% took part in just one walking group, with the remainder (11%) choosing to engage with multiple walking groups. Indeed, the ‘Ton-Up’ Challenge participants accounted for just under half of all participants over the course of the project to date and 88% of these individuals took part in this challenge only. Thus, there is an issue with the regularity of exercise of a large majority of individuals given that they only took part in this walking activity during the summer months. Again, tracking of these individuals outside of the ‘Ton-Up’ Challenge would provide a better indication of the physical activity levels achieved by this particular group of participants. One of the keys to success in terms of motivation to attend walks seems to be related to the feeling of belonging to a group or community. When there have been walks where people can just drop in from week to week they have not proven successful. Accordingly, this is an important issue to consider when devising future walks.

There is an issue with the collation of database information in that it does not show the date an individual joined. Further, there is a discrepancy between the way years are defined by the project and for evaluation purposes. For example, the monitoring report would be more accurate if the years were numbered one through to three rather than 2002 through to 2005. For instance, the project began in April 2002 and therefore year one should reflect the months April 2002 to April 2003.

As figure 31 depicts, the majority of those with a disclosed illness (17%) suffered from asthma or joint problems, followed by heart problems and dizziness. This shows the contribution that walking can play in terms of health, in being a cheap and easy method of low-moderate intensity physical activity and again stresses its importance within the older community. Although 17% of the total number of participants disclosed their health problems, 72% of those interviewed were of the opinion that their health status was either good or very good. However, self-reporting methods are unreliable (Hill and Roberts, 1998) as they are extremely subjective and do not incorporate any empirical testing. Moreover, despite the majority of interviewees reporting a good health status, most of them complained about having some kind of ailment or illness, providing a contrast of opinions.

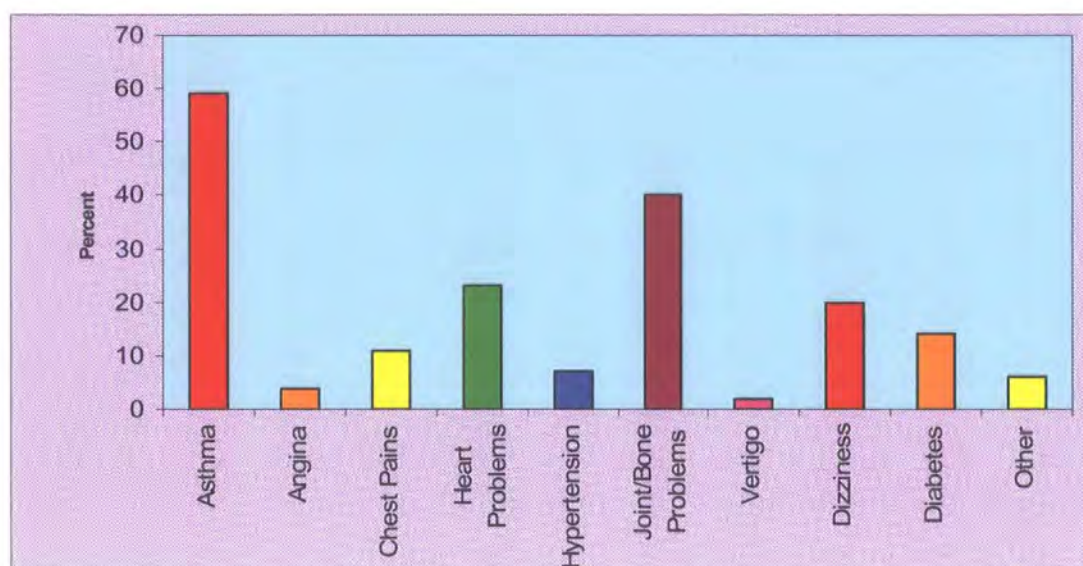


Figure 31. Participant Medical Conditions April 2002 – April 2005

Since engaging with the Walking the Way to Health scheme, 57% of interviewees agreed that their exercise frequency had improved as a result, mainly due to the security that a group provides, and feeling safer and more confident to go out and exercise with others. Indeed, 85% stated that they would not do the group walks on their own. Furthermore, 39% thought they did about the same as before and only 4% disclosed that they actually did less. This is a positive sign with regard to getting people to do more exercise, more often, as desired by the UK Government. Moreover, those interviewed expressed the following knowledge regarding the physical benefits of walking: it helps to develop and maintain fitness levels; it strengthens the heart; it benefits blood pressure; it helps with the maintenance of general health; it helps mobility and joint flexibility; it augments bone strength; and it increases stamina. Further, motivation plays a pivotal role in physical activity promotion. One participant aged 78 described how:

you get exercise and keep mobile with the walks. It's all about getting people off their backsides. When people hit 60/65 they think they are old

and get stuck in the house. When you are older you have to do something to keep supple.

With regard to the perceived social benefits of walking, important factors were listed as meeting new people and enjoying other people's company, having a common interest with other walkers, and developing a sense of belonging and being part of the community. One walker explained that the social benefits were more important than the physical benefits, as the incentive to walk as part of a group instilled a sense of security and motivation.

The main psychological benefits expressed by the participants were the production of a 'feel-good' factor and the provision of stress relief. Other benefits of walking included: acting as an aid in combating depression; improving quality of sleep; providing an uplifting feeling; instilling a feeling of doing something worthwhile; and placing people in a pleasant and relaxing environment.

A criticism of the participant database is the recording of the means through which participants initially found out about the project. It would be helpful if there was more consistency with regard to the categories adopted. The most effective method of promotion appears to be through word of mouth from friends and family, with 53% of all those who disclosed this information stating that this is how they became aware of the project. Furthermore, only a small minority (7%) claimed to have seen a leaflet, poster (9%) or an advert in the newspaper (7%). This could mean one of many things: people are not reading the local newspaper or the advert is not clear enough; more posters could be placed in diverse places; or people are noting the adverts but not

being drawn to them. Notwithstanding, information is distributed in the local newsletter Wear Valley Matters which is distributed to every household in the district three or four times a year, so maybe this is not enough to actually encourage people to become active and join in with the walks. Thus, consideration needs to be given to whether anything can be done to change the way the project is marketed through these particular sources. It is important to try and avoid complacency and keep the project moving in a positive direction. Figure 32 shows the ways in which participants became aware of the project.

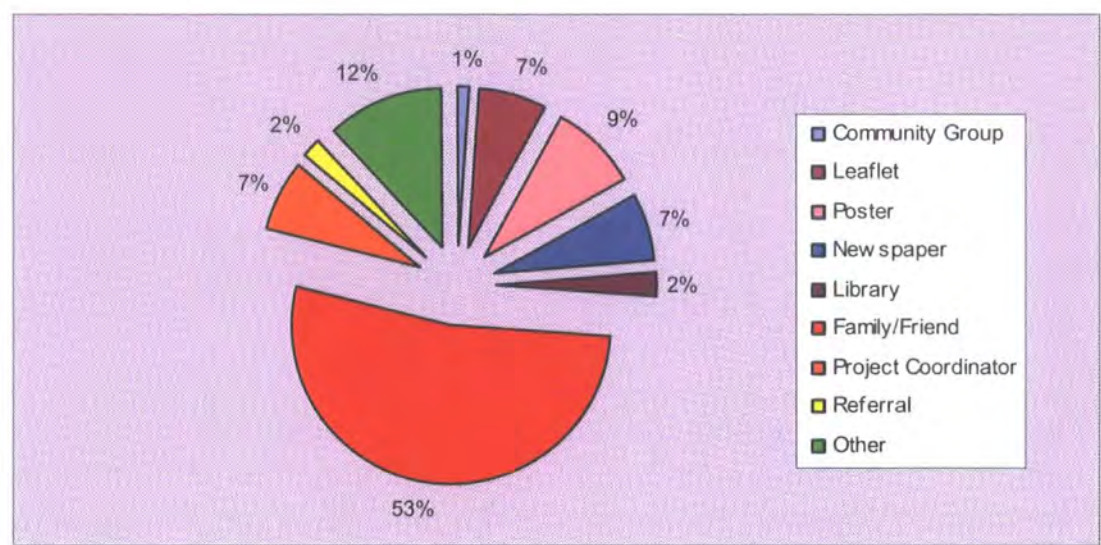


Figure 32. Methods of Project Promotion as Experienced by Participants

Of those participants interviewed, 50% lived in a deprived area, consistent with the previous two years' findings, and provides further evidence that the project is still failing to satisfy SAZ specific target groups for participant inclusion. This is an example of how the lack of SAZ power, due to minimal comparative funding leaves them almost powerless in trying to get the project to address this issue! The issue of 'match funding' is therefore something that future projects should carefully consider to avoid similar problems.

In term of providing a realistic means of sustainable physical activity for the whole community, the project leader is confident that this can, and is, being achieved, as people are starting to pick up on the health message from the media and the opportunity to go for a walk is always present.

From the initial number of volunteer walk leaders required each year (12), there was a 133% increase in the number of volunteers that were initially hoped for by year 3. Figure 33 shows there was a slight decrease on numbers from year 2 to year 3, but as the numbers have far exceeded the original targets this presents little concern. It was hoped that through the volunteers, as groups are formed and develop, they would eventually become part of the mainstream walking groups and be self sufficient and able to run without the aid of other organisations. Thus, the sustainability of such activities is very much reliant on the volunteer base. Interviews were carried out with 58% of all leaders, all over the age of 50, 62% of whom were over 60. These interviews were useful in helping ascertain the reasons why people might become walk leaders as well as disclosing the positive and negative aspects of the job. The following provide some explanation as to why people have become leaders. One volunteer explained how they had done a similar kind of thing with the Scout group they helped out with and therefore had the necessary expertise to be a leader. Another just wanted to help out in the community and get older people out and about, and someone else said they did it for the love of walking. One leader summed up the importance of volunteers by saying, "if the leaders did not bother to walk a lot of people would not be able to get out and about and they would not walk." This suggests that participation requires more than motivation on the part of the individual.

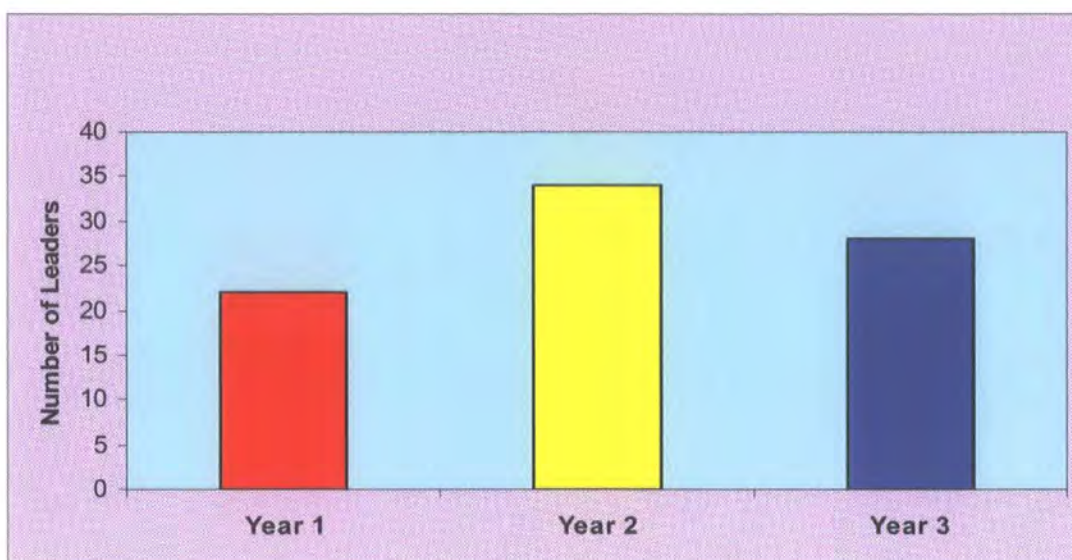


Figure 33. Volunteer Walk Leaders April 2002 - April 2005

There were numerous responses when asked to highlight some of the positive aspects of being a volunteer and these included:

- satisfaction from seeing the group enjoy the walk
- gaining a positive experience
- meeting new people
- visiting new and interesting places
- sharing a common interest with likeminded people
- gaining confidence and leadership skills
- the enjoyment gained
- provides a psychological boost when you are older.

There were in fact only a couple of concerns brought up by the leaders mainly regarding the responsibility that rests with them if there was a problem whilst out on a walk, and difficulties trying to make time to get to meetings, or similar commitments.

There were no discernable problems though, and it is clear that the positives outweigh the negatives.

4.4 Community Physical Activity Coordinators

Year One

The following statistics were calculated from the figures manually collated by the Community Physical Activity Coordinators and are representative of the period April 2002 to January 2003. This is true of all areas except for Coundon and Leeholme where the figures are for January 2003 alone as this area was only allocated a Community Physical Activity Co-ordinator (CPAC) from this particular month.

Table 6. The Total Number of Male and Female Participants

AREA	TOTAL MALE	TOTAL FEMALE	TOTAL PARTICIPANTS
Crook and Willington	2202	667	2869
Bishop Auckland	4660	749	5409
Weardale	2993	1214	4207
Coundon and Leeholme	99	13	112
TOTALS	9954	2643	12597

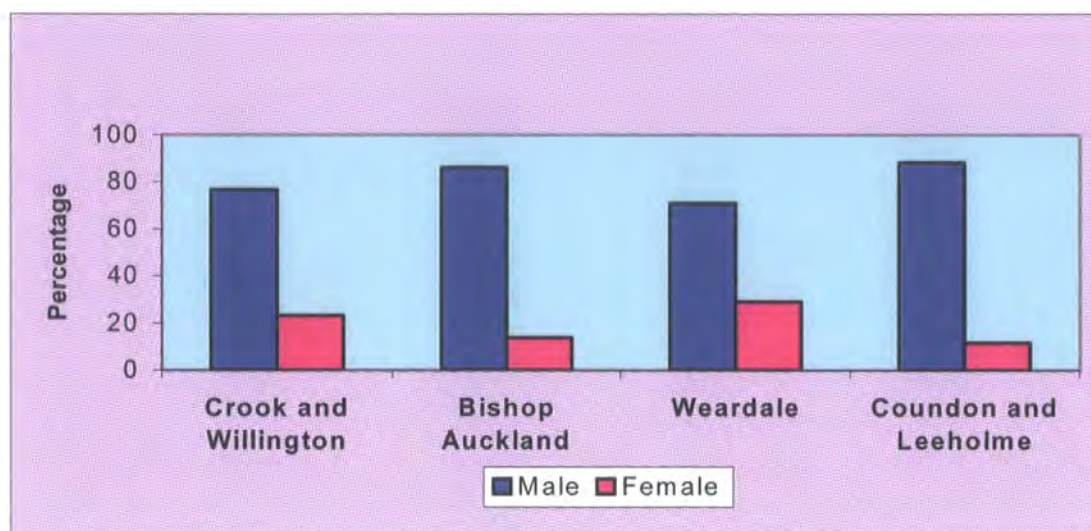


Figure 34. The % of Participants within each of the Four Highlighted Wards

Of the total number of participants taking part in the CPAC initiative from April 2002 to January 2003, 22.8% were participants in the Crook based sessions, 42.9% were participants in the sessions at Bishop Auckland, 0.9% were participants in Coundon and Leeholme, and 33.4% were participants within Weardale. Thus, Bishop Auckland had attracted the greatest number of participants, followed by Weardale, Crook and Willington and lastly Coundon and Leeholme. However, attendance could simply be a reflection of the population of the area. According to the 1991 census, the population of Crook and Willington was approximately 23,838, the population of Bishop Auckland approximately 27,440, the population for Weardale approximately 7,366, and the population for Coundon and Leeholme was approximately 3,030. Accordingly, in terms of population size, it would be anticipated that Bishop Auckland would engage the greatest number of individuals as it is the area with the greatest absolute population. However, it would also be expected that Crook and Willington with the second greatest population, would be ranked second in terms of participant numbers. Nevertheless, this was not the case. On the contrary, Weardale, with a third of the population of Crook and Willington attracted one and a half times

more participants, which suggests that the latter area could be more effective in attracting participants.

It should be noted that, although the CPAC initiative had been extremely successful in terms of engaging over 12,000 young people in physical activity during the initial 10 months, tracking of individual participants was not undertaken. Thus, it was impossible to determine the exact number of individuals who had actually been engaged. This was problematic in terms of evaluating the sustainability of the project, as the regularity of participation was never ascertained. In order to determine the project's potential for sustainability, it was suggested that participant questionnaires should be disseminated to establish participant perceptions of physical activity and determine the impact of the project. Furthermore, inconsistent tracking by the project resulted in the failure to provide a list of every individual's address or postcode, which consequently made it impossible to determine whether individuals were being attracted from the intended catchment areas.

The issue of postcode recording was discussed with relevant individuals and it was agreed that a system would be put in place to collect the required information. However, by the end of year one this system failed to provide such data, with only 32 postcodes being identified from the Crook and Willington area. Clearly, with a participant total of over 2,000, there was scope to determine many more postcodes. Moreover, there was a complete lack of postcode collation from the remaining three CPAC areas. From those postcodes that had been recorded, all 32 individuals were shown to reside within the local authority of Wear Valley, with 62.5% of the total

living in a deprived area. Therefore, tracking of participants needs to be urgently addressed.

Table 7. The Number of Participants From Different Age Ranges

AREA	Age 0-5	Age 6-11	Age 12-15	Age 16+
Crook and Willington	1	1246	1360	260
Bishop Auckland	60	1302	2259	1792
Weardale	28	2036	1787	377
Coundon and Leeholme	0	17	88	7
TOTALS	89	4601	5494	2436

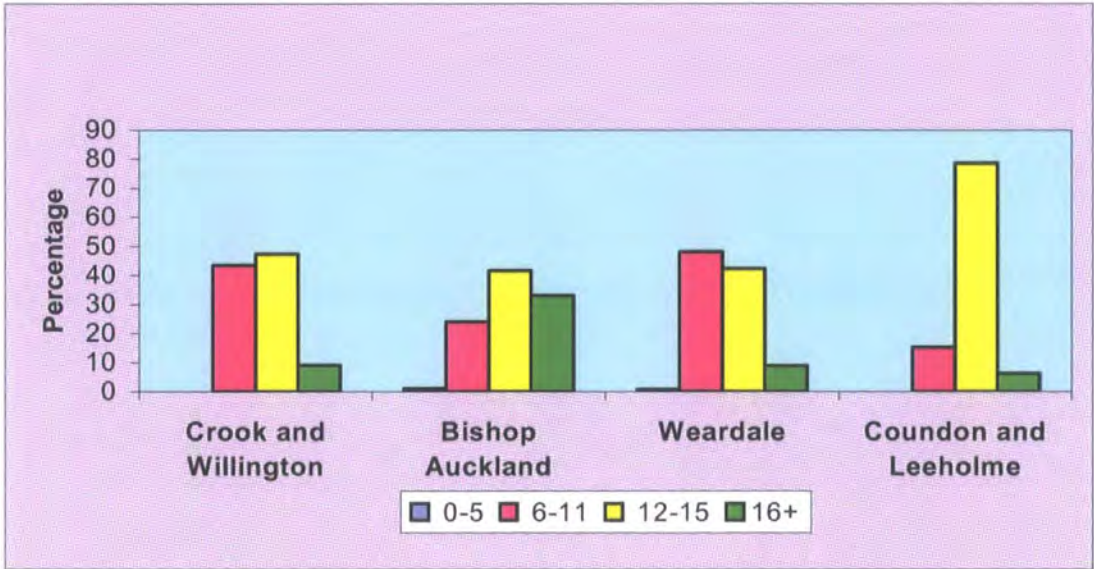


Figure 35. The % of Participants within the Different Wards According to Age

As demonstrated in figure 35, of the total number of participants across the four CPAC areas, 0.7% were aged 0-5, 36.5% were aged 6-11, 43.5% were aged 12-15, and 19.3% were aged 16 plus. Thus, in terms of popularity according to age, the

CPAC project appeared to attract the majority of participants between the ages of 12 and 15. However, why was this the case? Were the activities provided more suitable to this particular age range? Were the Community Physical Activity Coordinators catering for all ages?

In year one the Community Physical Activity Coordinators failed to specify the exact ages of those over the age of 16, making it impossible to determine the eldest participant. It would be useful to know the maximum age of individuals taking part and was therefore recommended that the CPACs began to record such information.

It should be noted that the figures disclosed for the different age groups were not always consistent with the participant total, and this will affect the statistics presented. As a result, accuracy of data recording is another important factor that needs to be addressed if statistics are to be deemed a valid and reliable indicator of success and evaluation is to provide a true reflection of project progress.

It was clear that during year one the project had been successful in achieving both of the local policy outcomes, with the employment of seven new posts, four of them as Community Physical Activity Coordinators (CPAC), and the other three as assistants (ACPAC). In terms of increasing participation, the project attracted over 12,000 participants over a period of ten months, with activities provided according to community needs. Therefore, activities reflected the desire of the participants, and although a variety of activities had been provided, football and multi-sports remained firm favourites. For a comprehensive list of all activities covered refer to year three of the project. Clearly, the project did appear to be adhering to the desire for

participation to be community focused, although this focus could be greatly enhanced. For instance, consultation took part with those individuals who turned up to take part and not with those who were disengaged. Thus, greater emphasis on 'community' needs was suggested. For example, community consultations with specified age groups should be arranged so that both those who are and are not active members of the project have the opportunity to voice their opinion and highlight their own needs and desires. This is also an effective means of project promotion, which emphasises community empowerment, and maybe this way the initiative will be able to attract more participants from each age group in future years.

At the end of year one there were no clear exit routes for participants to engage in physical activity outside of the organised sessions, and this is essential for the project to provide sustainability in physical activity if and when the project funding comes to an end. Furthermore, data were lacking with regard to the drop out rate of participants, and therefore there was no means of determining the reasons for this drop out. It is these people where the encouragement needs to be focused, in order to maximise the number of individuals participating in physical activity.

Year Two

Over the course of year two, data for this project were collated in a number of different ways. The majority of quantitative data were gathered by the CPACs themselves in the form of a register, with each area's statistics put into one main database for the whole of Wear Valley. Observation of activity sessions was also used as a method of data collection. Football sessions across the areas of Weardale and Crook and Willington were observed over a 15 week period to compare and

contrast a rural and urban area, and a diary was recorded upon completion of each session. These diaries were then used to highlight any pertinent issues and establish a series of questions to put forward to participants in the form of focus groups.

However, it is important to recognise that there were a number of inconsistencies with regard to the collection of data, and this must be given consideration during the presentation of results and subsequent discussions. It became apparent that CPACs were inconsistent in their data collection, making it difficult to transfer the data efficiently and effectively to the main database. For instance, it was important that date of birth rather than age was recorded so that the age of a participant could be identified at any point in time. Indeed, the Weardale database was irregular and incomplete and therefore ultimately unreliable. This highlighted the need to design a template that all CPACs could easily complete in the same format, facilitating its transfer onto the main database. For monitoring purposes the template needed to include the following: participant name (which can then be transferred into an ID number), sex, date of birth, postcode, number of attendances per month, number of hours per month, and activities engaged in. This will also facilitate the monitoring of participant drop-out rates, and identify individuals from whom it can be attempted to determine reasons for their cessation. Furthermore, there should be a designated space at the top of the template for the date and the data should be handed in at the end of every month. Consequently, communication between the CPACs and their line management needs to be clear and unambiguous. A meeting was suggested in which the management and all CPACs/ACPACs would be present in order to reach an agreeable solution and mutual understanding. Accuracy of data recording was highlighted as an issue in year one of the evaluation and is therefore clearly an

ongoing issue. The validity and reliability of data were reliant on the consistent collection of good quality data, and thus it was deemed essential that these issues were resolved immediately.

Year one revealed that there had been over 12,000 recorded visits within the CPAC programme within a ten month period (April 2002 to January 2003). Nevertheless, as tracking of participants was not undertaken it was impossible to reveal the exact number of individual participants who had been engaged. For the purposes of this chapter all information reflects the period of January 2003 to December 2003, with the exception of Coundon and Leeholme which covers April 2003 to November 2003, and Weardale where data are from the start of the project (April 2002) and are incomplete. Figure 36 shows the total number of participants that were engaged between these periods, clearly highlighting that Bishop Auckland housed the greatest number of individuals, closely followed by Crook and Willington.

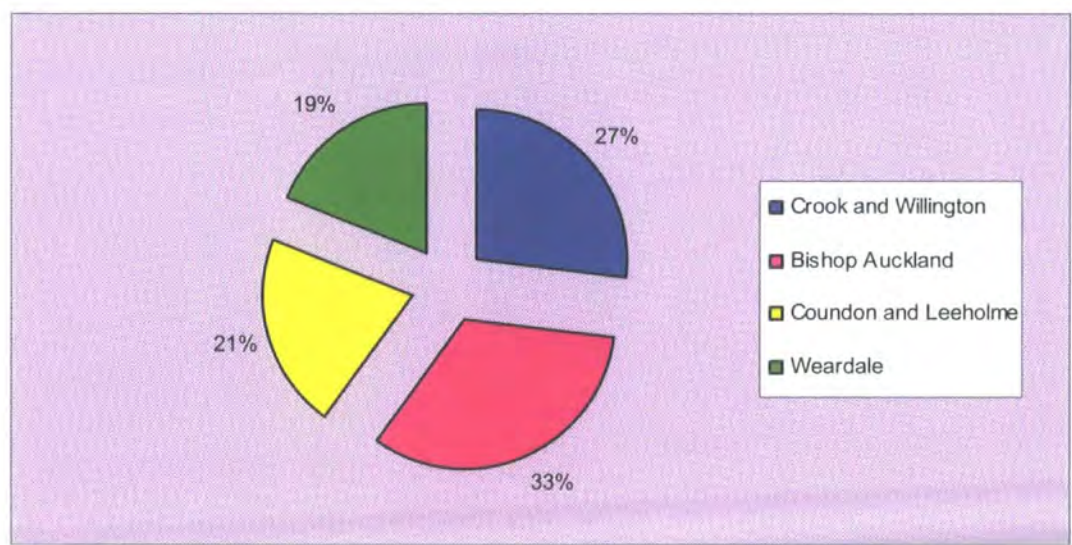


Figure 36. % of CPAC Participants by Ward

It should be remembered that some of the individuals who engaged in the Positive Futures programme were also participants within the CPAC project. These individuals were from the Positive Futures target ward areas of Bishop Auckland or Coundon and Leeholme. However, there were numerous individuals from outside of these areas who would be included in Positive Futures had they resided within the target wards. Thus, the CPACs may in fact have dealt with young people who were far more problematic than anticipated, something for which they must be given credit but also help as they may not have received the correct training or possess the relevant experience to manage these particular individuals. Thus, the CPAC project can be looked at in two ways; the scheme can be evaluated from data which either exclude or include those who are also part of the Positive Futures programme. Both sets of data shall be referred to in the discussion that follows.

Figure 37 illustrates the total number of participants who engaged within the project from January 2003 to December 2003, both inclusive and exclusive of those also engaged in Positive Futures, and according to sex. There were 69 individuals who simultaneously participated in both the CPAC and Positive Futures programmes.



Figure 37. Total Number of CPAC Participants According to Sex

These data can be analysed in more detail by splitting them into the relevant target areas, and then again by classifying them according to sex as shown in figure 38 below. Note that these figures do not account for Positive Futures participants.

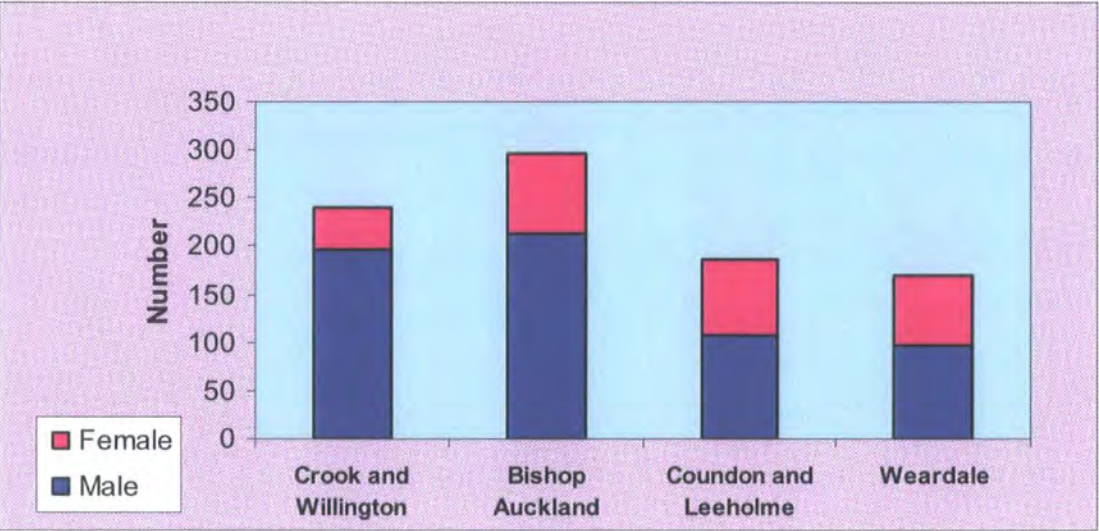


Figure 38. Number of Participants According to Sex and Ward

It is clear that in each target area there was a greater engagement rate of male participants than females, especially in Crook and Willington and Bishop Auckland. Coundon and Leeholme and Weardale are exceptions, and have a greater balance between the two sexes. However, why was this? Were there any differences in the activities provided? Were more female orientated activities offered in these areas? Maybe there was a difference in the approach used to engage individuals? These are all questions that the CPACs should reflect upon. One reason that may account for the similar number of male and female participants in Weardale is that a female CPAC was employed within this area. Therefore, she had the potential to become a role model and encouraged young females in the area to get involved in activities. Several 'female only' sessions such as aerobics were provided which were fairly popular, especially as numerous teenage girls were anxious about having to exercise in the company of adolescent boys (Gordon-Larsen, 2000). This, however, does not account for the similarities in numbers of male and female participants in Coundon and Leeholme but may well be an important mechanism for increasing female participation in the future.

From the information disclosed, it was possible to calculate the mean, modal, minimum and maximum ages of participants across the target areas. These are displayed in figures 39, 40 and 41, apart from Coundon and Leeholme for which dates of birth have not been collected.

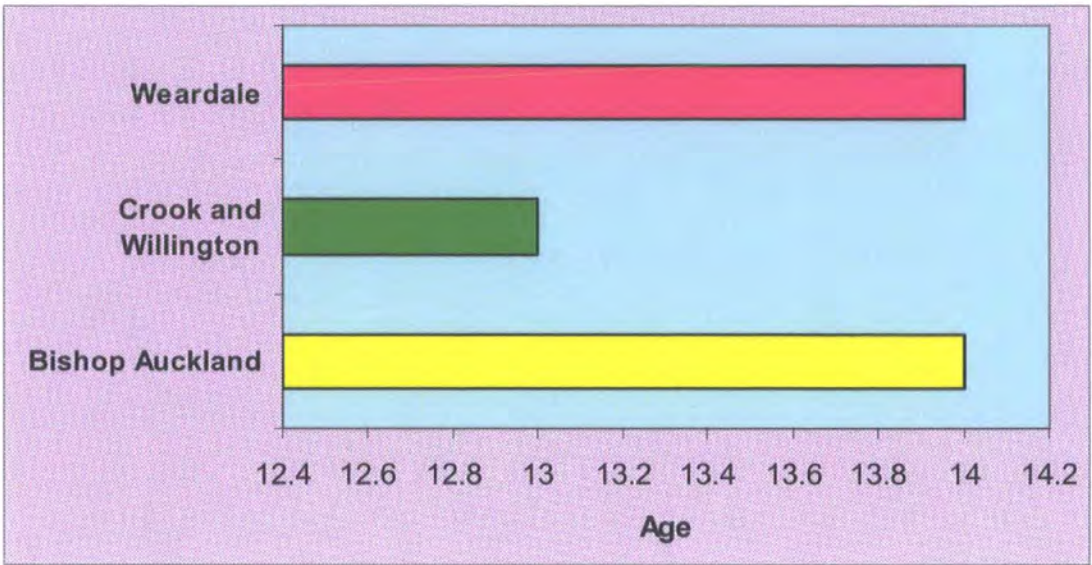


Figure 39. Mean Age of Participants across Three Wards

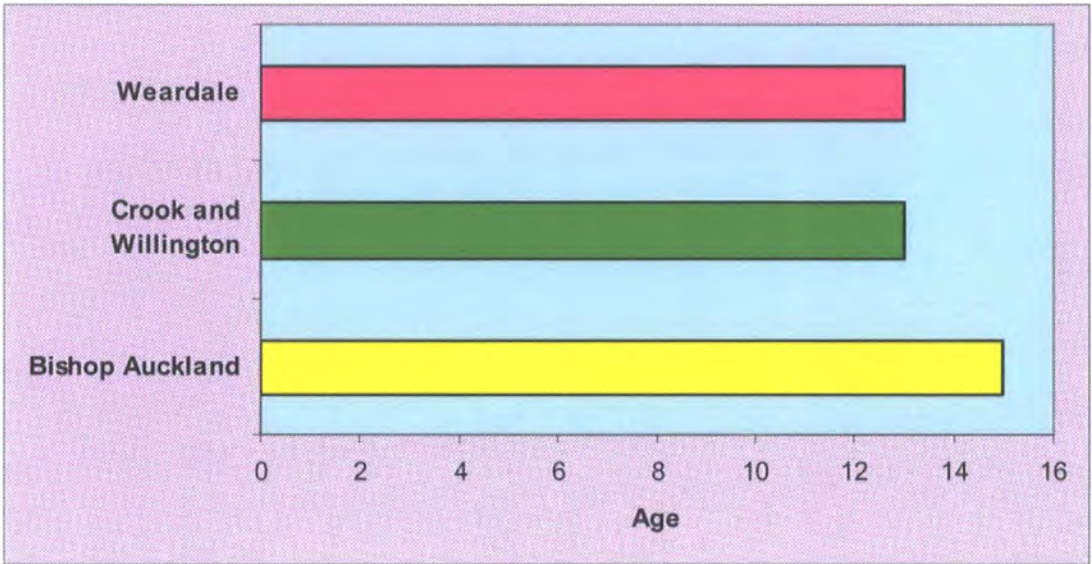


Figure 40. Modal Age of Participants across Three Wards



Figure 41. Minimum and Maximum Age of Participants across Three Areas

The age of participants is visibly similar between all areas. Although there is clearly a great variation in age range, the average age of individuals across all three areas was 13 years. Furthermore, of all attendances, the age recorded most frequently was 13.5 years. Accordingly, whilst there may have been individuals as young as six and as old as 22 attending the sessions, there were fewer participants at these extremes. However, sessions were tailored to cater for different age groups. For instance, there were football sessions for under 12s and 12 years and over. However, careful consideration must be given when grouping young people according to age, especially in contact sports, as there may be vast differences in physicality which could result in serious injuries. Thus, perhaps it would be beneficial for any physical activities to be split into sessions for under 12, 12-15 years, and 16 years plus.

In terms of local policy outcomes for the Wear Valley SAZ, the CPAC project was required to create three new jobs and increase participation in community focused physical activity. It was stated in the monitoring report of 2003 that both of these

targets had already been achieved. However, has the initial increase in physical activity been sustained and is it likely to rise further? The increase required was intended to continue over the five years of the project's lifespan, and thus, achieving an initial increase is not necessarily an indicator of success. The project and its management team must not become complacent in their day-to-day work but try and build upon the success they have already achieved. For instance, is there confidence that young people are still getting what they want in terms of physical activity? Is it possible to reach individuals within the target areas that have not yet been affected? If so, what are the mechanisms for doing so? It is these people that the project needs to try and engage to increase the participation base. It would be pertinent to incorporate an annual/biannual young people's forum whereby all young members of the local community are invited to come and air their views with regard to the provision of physical activities, together with their wants and needs. Of course, there is the issue of resources and this is something that the SAZ management need to discuss and take action on if at all possible as current resources may not be able to cope with an increase in participant numbers.

Although addresses were provided for many of the CPAC participants, postcodes were not disclosed. As postcodes are required to determine the ward an individual is from and subsequently whether or not the ward is a designated area of deprivation, it is important to try and obtain these data. Even though it is possible to determine someone's postcode from their address, it was far too impractical and time consuming for the purposes of this research, especially given the number of participants. Moreover, given that the CPAC sessions operate within the target wards, it was assumed that the majority of participants did in fact reside within the designated areas

of deprivation. However, this was not true of all, and for efficient monitoring and evaluation this information is imperative.

Although the population of Wear Valley, in accordance with the 2001 Census (ONS, 2001), is 61,339, the CPAC initiative has a target area of approximately 30,515 residents, almost half of the Wear Valley total population. The target wards include Coundon and Leeholme, Crook and Willington, Bishop Auckland, and Weardale.

However, the project caters mainly for young people, and thus the percentage of young people within this area needs to be calculated. The 2001 Census shows the percentage of the population of each ward according to age categories. By adding the first two categories together, under 16 and 16-19 (which approximately equates to the age range of current CPAC participants), it is possible to calculate the percentage of young people residing within specific wards. Of the areas covered by the CPAC project, there were a total of 7,429 individuals under the age of 20, equating to just over 12% of the total Wear Valley population. Thus, during the period January 2003 to December 2003, the CPACs engaged with 12% of the prospective total of young people within their target wards. Therefore, there is much scope for an increase in the participant base.

The findings from year one showed that there were no clear exit routes for participants to engage in physical activities outside of the organised CPAC sessions, and this was highlighted as an area of concern with regard to sustainability. However, a number of exit routes had been established by the end of year two in the form of clubs, the majority of which were football clubs, as this was the sport with the highest

participation rate across the Wear Valley SAZ. In Coundon and Leeholme, an under 17 male football team has been established and entered into the county league and a volunteer was identified who, it was hoped, would take over the running of this team. In terms of links with the area's CPAC, he would continue to recommend boys to the club who are deemed to have the appropriate skills and knowledge. In the Bishop Auckland area (St Helen's, Henknowle and Woodhouse Close), the CPACs developed links with St. Mary's Football Club and continue to feed boys into the various teams which range from under 16 to under 18, thus catering for all ages. In Weardale there are numerous adult clubs that the older CPAC participants were fed into. However, the younger ones were linked with Wolsingham Academy, although this is non-competitive as they were not entered into a league. As a result, the CPACs jointly organised a SAZ Football League and teams compete at under 14 and under 16 level.

It is important that exit routes are in place and continue to increase in number so that those who wish to play at a higher level have the opportunity to progress in their chosen sport if they so wish. However, the SAZ led sessions adopt a more informal approach to physical activity and allow young people the chance to participate whatever their ability. The SAZ sessions can be seen as the real grassroots on the 'participation to excellence' pyramid and are a vital key to widening the participation base amongst disadvantaged communities. This complies with the current Government target to increase the proportion of the adult population who participate in 30 minutes of moderate physical activity five or more times a week to 70% by 2020. Although this specifically targets the adult population, regular physical activity needs to be installed as a way of life from a young age to increase the likelihood of continued regular activity later on in life. Moreover, of grave concern here is that the

football teams were all male. Given that football has become increasingly popular amongst girls and women (Sport England, 2003b) and a greater number of females are now participating in physical activities traditionally dominated by men (Green et al., 2005), there is undeniable scope to increase female engagement by developing girls and women's football. The male dominated activity environment evident across many parts of the SAZ may well account for the lack of female engagement, as females prefer to engage in female-only settings (Fisher, 2002).

Related to the above is the lack of structured exit routes for girls. In addition to the type of activities provided, this also needs to be addressed if there is going to be any chance of increasing female participation in sport and physical activity. It is important that opportunities to further their abilities are open to both male and female participants. This is one mechanism of encouraging girls to continue their participation in physical activity outside of school, and its importance cannot be underestimated given the drop-out rate from sport post 16 years of age.

Year Three

For the purposes of the discussion to follow, the data presented represents the period April 2002 to March 2005 (years one to three), with the exception of Coundon and Leehome which covers the period April 2003 to March 2005.

Figure 42 depicts the comparative total of residents per CPAC area across the whole age spectrum. It is clear that the ward of Crook and Willington had by far the greatest population. However, does this mean that this area will boast the greatest number of young people also? As figure 43 illustrates, there is indeed a similar pattern of young

people across the four areas, with 76% of the total residing within Crook and Willington, and Bishop Auckland. Thus, the CPACs in these two areas had a much greater workload and would have benefited from sharing this load between one or two additional CPACs.

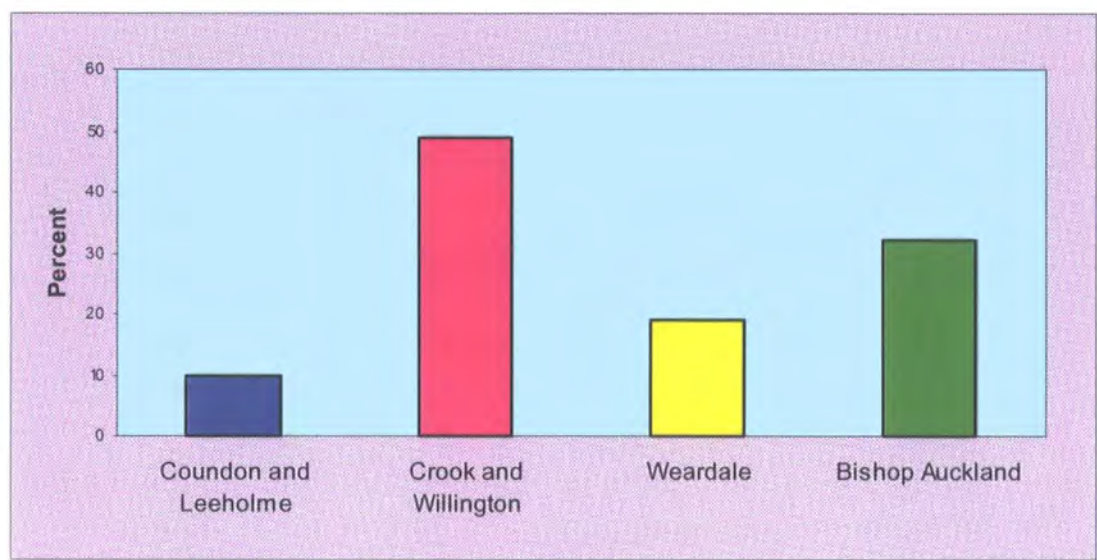


Figure 42. Comparative % of Residents per CPAC Ward

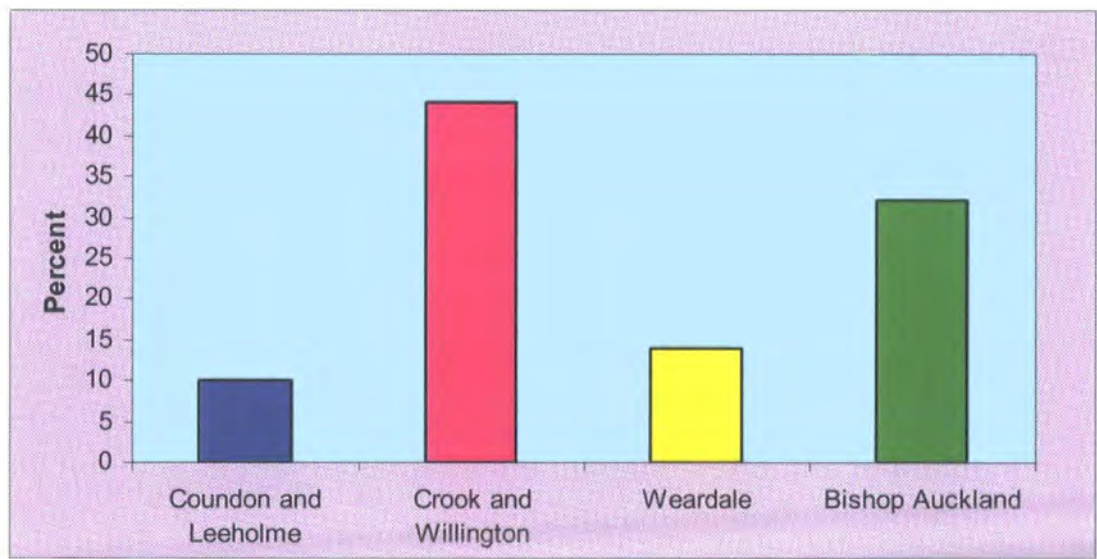


Figure 43. Comparative % of Young People Aged 0-24 per CPAC Ward

Figures 44 and 45 illustrate that 12 to 15 year olds accounted for the majority of participants, although this does vary between areas. Indeed, in Coundon and Leeholme there was a much greater increase in the number of participants from this age group than in other areas. In contrast, it was the four to 11 year olds that accounted for the majority of participants in Weardale. Of all areas, Coundon and Leeholme demonstrated the greatest number of visits by young people. This is interesting given the fact that data collection was initiated nine months subsequent to the monitoring of the other areas and, of the four areas, Coundon and Leeholme has by far the smallest population. Indeed, it comprised one tenth of the total number of residents across the four areas. The popularity of the activities provided by the CPACs may account for the lack of young people on activities such as walks, reinforcing a difference in leisure interests. Thus, the concern should not be that young people are not taking part in organised walks, but whether they are involved in activities at a different level. It will be more beneficial and effective to concentrate on maximising opportunities for the different age groups respectively and ensuring that their needs are being fulfilled.

Although the CPACs work mainly with young people, their remit is inclusive as they also work with people within the 50 plus age bracket. Indeed, currently the age range is around five years to 76 years. Although this is exclusive to the areas within Crook and Willington and Weardale, with greater resources there is scope to widen participation from the older age groups.

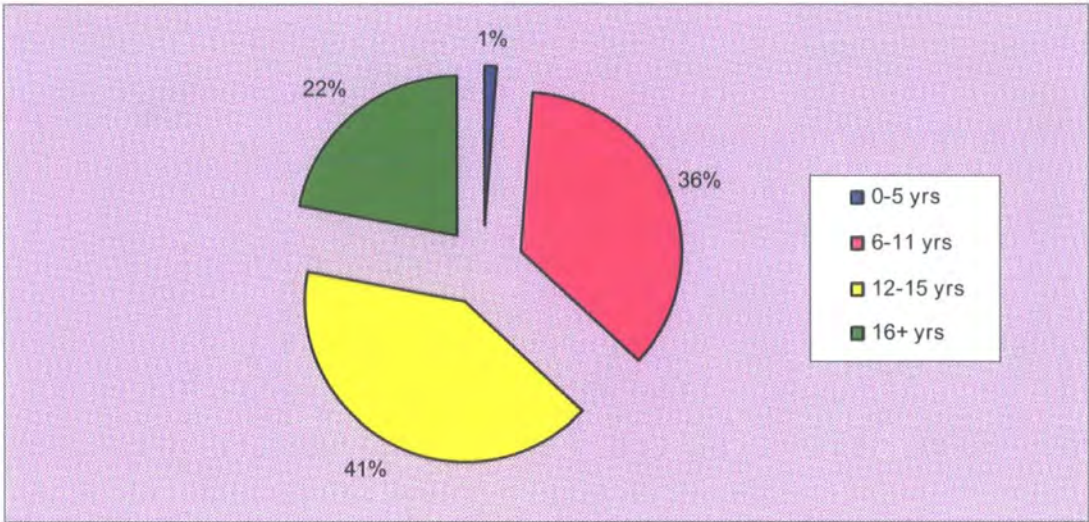


Figure 44. Age of Participants across All Wards April 2002 - April 2005

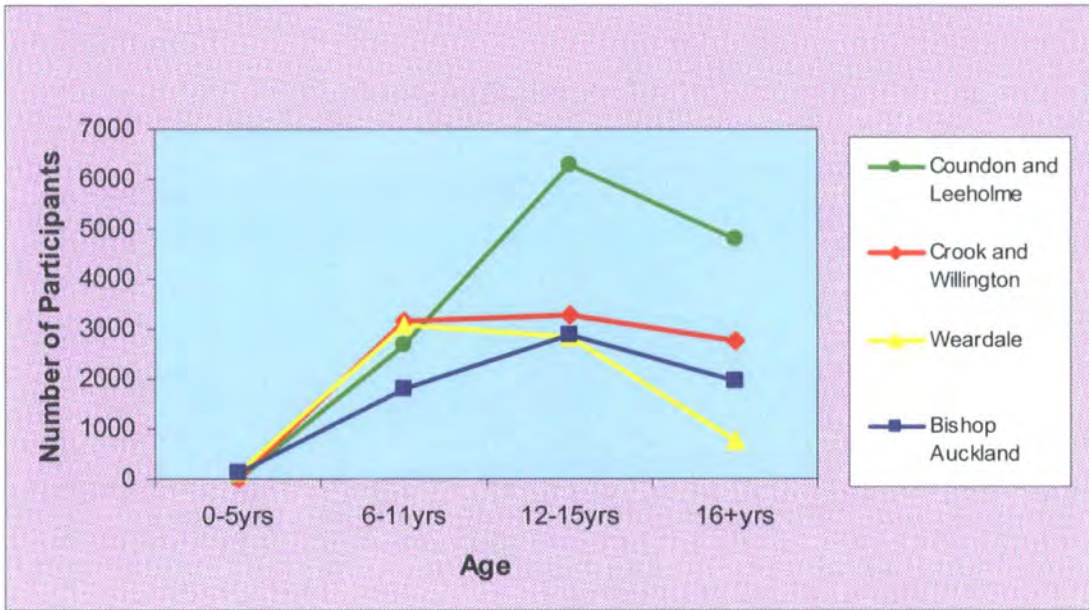


Figure 45. Age of Participants across the Four CPAC Wards April 2002 - April 2005

In terms of the number of new participants to engage in each of the CPAC areas between April 2002 to April 2005 (with the exception of Coundon and Leeholme which covers January 2003 to April 2005), there were a total of 79,134 recorded visits to the CPAC sessions.

Unfortunately, as the project failed to collate data with regard to individual participant numbers, it was impossible to determine the number of visits per person over the three year period of evaluation. Thus, the percentage of Wear Valley residents engaged could not be determined. However, it was established that, of the total number of Wear Valley residents aged 0-24, the CPACs had an opportunity to engage with a potential 74%, the equivalent of 12,986 individuals. Thus, the potential for attitude and behaviour change is extremely significant and this may in turn help to encourage a sustainable change into adult life and future generations. Consequently, the potential impact of this project is substantial.

Of the total number of participants, 2,132 of those were new participants. This can be seen in figure 46. These numbers alone substantiate initial claims that this project is a considerable success in terms of attracting and maintaining the engagement of young people in physical activity, and providing a diversionary scheme to help reduce antisocial behaviour reports by members of the public. There is, however, one problem. There are still many young people within the target areas who have not been engaged, and whilst it is almost impossible to entice all of those to take part for resource reasons as much as anything else, there needs to be a mechanism in place which attempts to engage with those that are most difficult to reach. Thus it may be a case of employing additional CPACs, and whilst this may initially prove a costly exercise, the benefits of keeping more young people 'off the streets' and engaged in activity should ultimately far outweigh any costs. In addition, broadening the boundaries to include more areas within the district would facilitate an increase in social inclusion, providing more young people with the opportunity to take part in activities that are not currently available to them. Again, this presents an issue in

terms of resources, but given the initial success of the project, the long-term effect on the community at large must be prioritised over and above preliminary costs if outcomes are to be maximised.

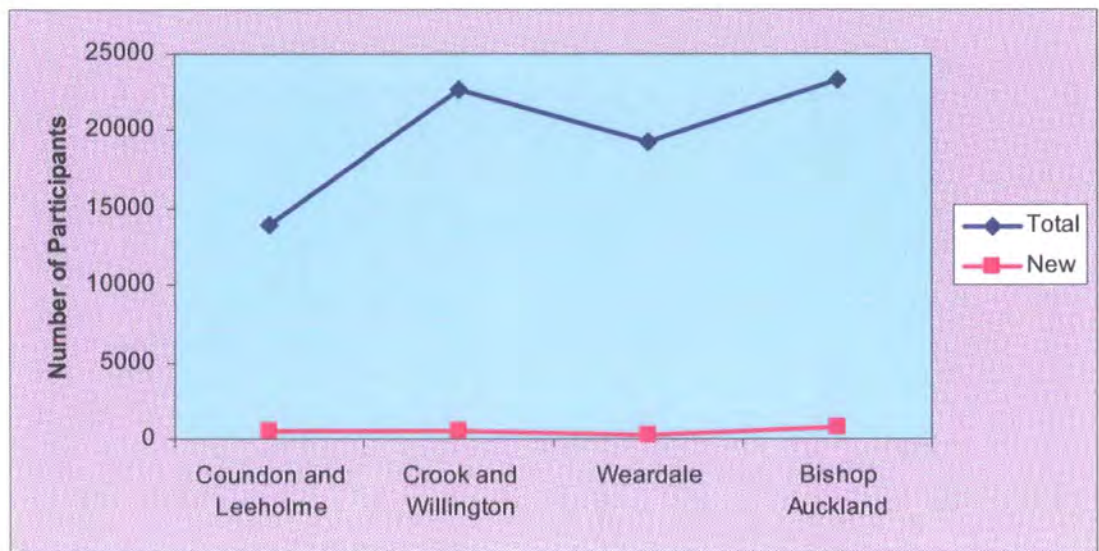


Figure 46. Total Number of Participant Visits versus the Number of New Participants April 2002 - April 2005

Figure 47 shows the total number of participants in each CPAC area as a percentage of the total, demonstrating that overall, Bishop Auckland, Weardale and Crook and Willington all have a similar percentage of individuals engaged (24-29%), with Coundon and Leeholme engaging slightly less (18%). Nevertheless, it must be remembered that each area differs in its demographics, and data for the latter area started being collated nine months later than the rest.

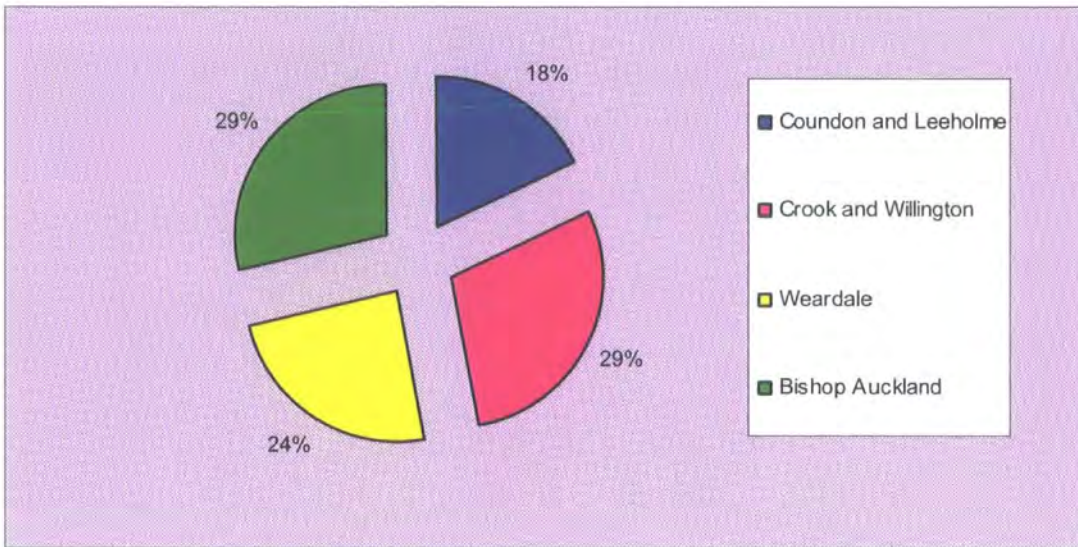


Figure 47. Participant Numbers According to Ward April 2002 - April 2005

With regard to sex, female and male participation rates have been fairly consistent over the three years, with an average of 22% female and 78% male attendance. To reiterate, the low female engagement is a particular concern as young females have been highlighted on numerous occasions as being an important target group regarding participation in physical activity. Thus, what can be done to change these statistics? As well as an increase in female CPACs in each area, perhaps there is scope to actively promote the scheme in local schools and undertake ‘question and answer’ sessions about the activities available.

The sex differences are not representative of the Wear Valley Population. Indeed, the 2001 Census confirms that 52% of residents within the four CPAC areas are indeed female. However, as shown in figure 48, the sex differences were marked in each area. Weardale was the only area in which approximately 30% of participants are female. But again, why was this so? Were there a different culture regarding females and physical activity in the more rural of the four areas? Was there a different approach to activities by the CPACs in this area? Were there more female-oriented

activities provided? Females in the other three areas accounted for just 15% to 20% of all those engaged and this is an area in which we must be seen to be actively involved in trying to change. Perhaps the project would benefit from a new set of targets as it would give the CPACs a new challenge and help avoid complacency. During an interview with the CPAC co-ordinator, it was suggested that the young people in Weardale tended to mix more easily, whereas those from areas such as Bishop Auckland and Crook regarded sport as 'uncool' and therefore would rather just stand and watch. Further, it does not just seem to be a case of a disproportionate provision of male oriented sports. Even when sessions such as netball were provided, the majority of girls still did not want to take part. Likewise, the introduction of the WOW (Wellness on Wheels) bus failed to increase participation by females. This was a mobile truck containing gym equipment that was transported around the local area. Even though many girls were present, all they wanted to do was listen to music. The substantial contrast between engagement of young and older females needs to be highlighted. Why is it so much easier to find an activity that older females will actively and willingly engage with when it is almost impossible to engage those of a young age? This is an area that would greatly benefit from independent in-depth research.

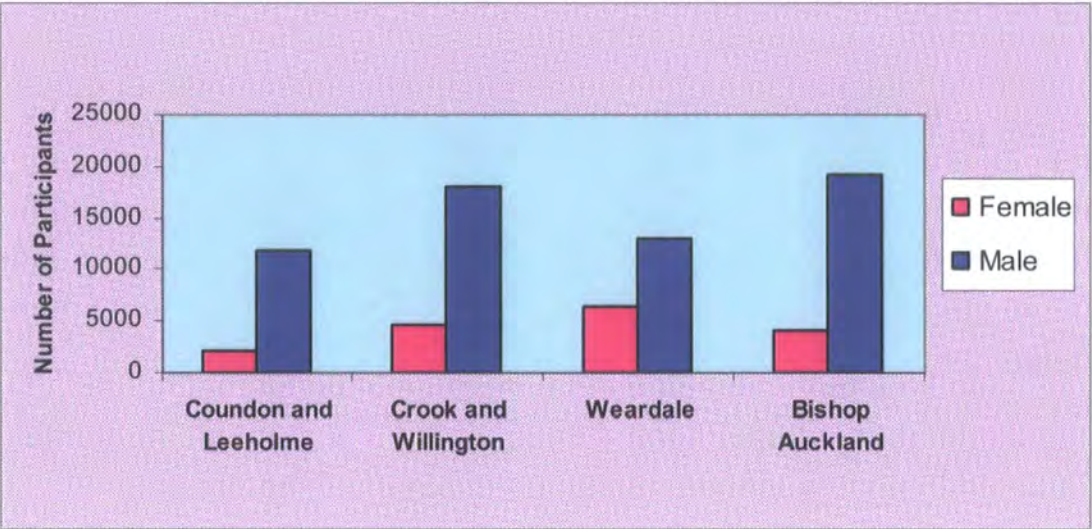


Figure 48. Sex Differences across the Four CPAC Wards

Although the main activity of the CPAC sessions was football, table 8 demonstrates the great variety of activities that were provided over the course of the evaluation period in accordance with the activity registers. Although football appears to be the activity requested by most participants, it might not in fact be the activity of choice for those not yet engaged, and their desires need to be determined also. Thus, there is a question as to whether football should dominate as much as it currently does.

Table 8. CPAC Activities Provided from 2002 - 2005

Football	Basketball	Rounders	Rugby
Tag Rugby	Fun 'n' Games (U7's)	Cricket	Kwik Cricket
Swimming	Dancing	Line Dancing	Bowls
Netball	Circuits	Walking	Aerobics
Athletics	Multi-sports	Tennis	Trampolining
American Football	Self-defence	Hockey	Mountain Biking
Army Obstacle Course	Outward Bound Activities	Ice skating	Paintballing
Cheerleading	Ten Pin Bowling	Gymnastics	Table tennis
Badminton	Break Dancing	Laser Quest	New Age Curling
Hiking	Horse Riding	Yoga	Golf
Snooker	Tag Ball	Squash	WOW bus

One criticism of the project, as identified through interviews with the project leader, regards the current liaison with partners. The CPACs requested greater feedback from those involved in the project (such as the SAZ manager and the Police) to clarify whether or not tasks were being carried out correctly and satisfactorily. Furthermore, the CPACs occasionally felt as though they were just 'floating along' and believed that a new set of quarterly targets would help to enhance motivation and innovation and give them a target to work towards, especially as the initial targets had already been achieved.

Over the course of year three, data were collated using focus groups in an attempt to provide an in-depth analysis of the participants' attitudes and behaviours before and as a direct consequence of their involvement in the CPAC programme. The focus groups were informed from the observations and subsequent observation diaries

recorded during year two of the evaluation. The focus groups were designed to gain an understanding of the social interactions, life experiences, ambitions, and general views on life in their locality, with an emphasis on *why* the individuals think and act the way they do. Two all male focus groups were carried out, including one group of 12 and one group of eight, with ages ranging from 13 to 20. Given the lack of female engagement in this project, it was not possible to include young females in the focus group discussions.

From the observations, diaries, and focus groups several key themes emerged. These included the perception of the local area, use of spare time, education, ambitions, perception of the police, and perceptions of the CPAC sessions.

Perception of the Local Area

There was an overwhelming consensus of opinion regarding what the young people thought about the area in which they lived. Indeed, the majority were very derogatory about the area stating that, 'It's boring'..... 'there's nowt to do'..... 'not enough sports facilities'..... 'there's nowt to do at all really, cos it's like everything gets shut down and that, like spectrum [leisure centre] here.....just gets shut down and that.'

This cynicism and general sense of apathy is a recurrent feature of many aspects of the young people's lives. There is the belief that their lives are determined to a large extent by the area in which they live and they are resigned to a life with no real meaning. Before the SAZ was introduced, the young people admitted to roaming the streets. One boy sarcastically commented on how they 'either go out and wander the

streets and get abused by some of the nice people from Willington [a neighbouring town] or watch the tele.’

The sense of conflict and tension that exists between adjacent areas, acknowledged here too, is a recurring dimension.

Use of Spare Time

Both of the groups interviewed joked about taking drugs or ‘getting stoned’, which to many may be viewed as inherently wrong. However, perceptions of right and wrong differ, so whilst many people may perceive drug use to be ‘wrong’, it appears that an act of improper conduct is dependent upon a drug’s classification. Thus, use of cannabis was normalized and was stated to be a common occurrence amongst the young people interviewed. Consequently, they do not consider themselves to be ‘drug users’. Indeed, ‘drug users’ are the very people that they distance themselves from as they are believed to be the ‘trouble makers’. Both of the groups discussed how one of their main dislikes about the area was the presence of criminals and ‘druggies’. When talking about opportunities they would like to have, one interviewee highlighted the frequent acts of vandalism that occurred.

‘They built a wood track.....and the druggies go down there now so.....’..... ‘It’s like the new park up there....it’s all been graffitied now.’..... ‘No one appreciates things, that’s the thing.’..... ‘When you build something new, all the trouble makers go up there.’

There is a strong sense of resentment for the people that create conflict through acts of vandalism or drug abuse. Thus, there is a clear distinction in the minds of the interviewees between drug users and people that take cannabis. Perhaps this viewpoint of cannabis is associated with the legalities surrounding cannabis use? There is also a strong possibility of a correlation between attitude to drugs and parental and peer beliefs as well as educational background. This, however, would benefit from greater research.

Education

In terms of education, there was a favourable response from those that attended school and college. Although school was perceived in a positive light, attendance was associated with having something to do, or as a way of filling up time and having frequent opportunities to participate in sport, rather than for the educational value derived. One young person commented on his experience of school:

‘I think it’s quality actually.....cos I get to play football all day.’ Another added, ‘it takes up your day.....and then I can go home and sleep.’

Despite this viewpoint however, most of the boys had clear employment aspirations for the future and a couple expressed a desire to go on to university and study for a degree. This suggests that current attitudes toward learning need to be altered in a positive way. Probable jobs highlighted were manual in nature such as masonry, joinery, or working as an electrician or roofer. This is not surprising given the vocational direction of their fathers and step fathers. This may also account for the attitude toward lessons by the young people, as the majority were not perceived to

have any vocational relevance and provides justification for alternative forms of education. The one surprise was the young person who had an ambition to become a police officer. This was unexpected given the general perception of the police, which was disparaging to say the least, as discussed in the section that follows.

Perception of the Police

Use of derogatory expletives was the most common way of expressing feelings about the police. When questioned about their sense of cynicism, one of the reasons given was that the police ‘only go after 16-17yr olds..... if we play football on the back streets they come over, take our names and that, send letters home to our parents when crime’s going on all over!’

Thus, there is a sense of unwarranted victimisation which has contributed to feelings of resentment. The issue of policing is clearly beyond the scope of this particular thesis but is an important issue to consider if we are to create a more harmonious environment in which individuals will reside. There is clearly a perception amongst those interviewed that criminal acts are endemic within their locality. ‘Drug abuse’, ‘stabbing people with screwdrivers’, and ‘criminal damage’ were all highlighted as offences that have resulted in the arrest of interviewees’ acquaintances. However, although a number of the young people openly admitted to being in trouble with the police themselves, they were quick to dismiss the seriousness of their offences (one young person had been in trouble for ‘cracking a few windows’) and disassociated themselves from the known trouble makers and more serious offenders of the area. Thus, these individuals do not wish to consider themselves as trouble makers. This again highlights the extent to which a behaviour is considered right or wrong. One

particular discussion highlighted a series of pertinent viewpoints in relation to instances of crime.

‘Well, I know of people but they’re not mates’.....‘It’s a small town so you know everyone but you just don’t like them.’ Interestingly, there was a belief that parents are highly influential in determining their child’s behaviour; ‘it’s like the parents don’t bother, so you know.....they don’t want to do owt with their lives so.....,’ the insinuation being that their attitude is deterministic of the attitude and behaviour of their offspring.

Perceptions of CPAC Sessions

Although the discussions with the young people unearthed a sense of apathy towards life, this was not evident when discussing the CPAC sessions. Sport was the only thing that they spoke about with any enthusiasm and there was complete agreement that the sessions were well received and extremely enjoyable. Furthermore, it is suggested that the sessions were acting as a diversion from criminal or anti-social behaviours, as the young people admitted that if they did not engage, they would be hanging around the streets getting into trouble. When questioned about what they would do if the CPAC sessions did not exist, the responses spoke for themselves:

‘I’d take drugs’..... ‘I’d turn to a life of crime, definitely. I’d be in jail in a month.’..... ‘If that wasn’t there, I’d be like smashing up windows and setting fire to stuff.’..... ‘It keeps you out of trouble.’

There is also evidence that the sessions go beyond mere entertainment. The young people are given the opportunity to engage in coaching courses and gain qualifications, which has obvious implications for future employment prospects and social inclusion. For example, one young person spoke of the lifeguard course that he had been encouraged to undertake at the local swimming pool.

Both focus groups were asked whether they thought the CPAC sessions had changed their lives in any way and yet again the responses serve to substantiate the positive impact that the CPAC project has had upon the area. The following were given as examples of change;

‘They’ve made us better at football’..... ‘They’ve given us better manners coming here like.....I used to be a little shit before I came here’..... ‘you get to know new people don’t you’..... ‘It keeps you out of trouble’..... ‘It’s changed me life for the better’..... ‘I reckon coming here’s helped us’..... ‘Oh aye.....we’ve not been out on the streets as much have we?’

This discussion provided real examples of positive behaviour change. They highlight the contribution of the project to social skills, development of self esteem, and the building of relationships between people from an area in which there is apparent conflict and hostility. This would suggest that there is an obvious need to engage the very people who are making the area an unpleasant one in which to live. The project clearly facilitates a positive attitude and behaviour change. However, it is the initial engagement with such people that is problematic, and consequently further research would prove beneficial.

The CPAC activities gave the young people something to look forward to and engaged them in a way that school and college was unable to do. Many agreed that 'it's better than hanging around the streets.' Furthermore, there was an obvious respect for the project leaders. Many agreed that taking part in the sessions and seeing the project leaders was the highlight of their week. One interviewee added, 'seriously, we're their greatest fans!' Getting the right people to lead the activities is imperative to the success of such a project. There needs to be a clear understanding of the participants' lifestyle and outlook. Hence, the employment of individuals local to the area was necessary and has proven beneficial.

To summarise, real value is placed on the CPAC sessions as they provide the young people with something to occupy their time in a place that they consider boring with nothing to do except roam the streets. Most of the young people attend the majority of sessions and admit that if they were not playing football they would probably be getting into trouble and causing a nuisance as a result of boredom and searching for something to do. Therefore, it is true to say that this project acts as a diversionary intervention and is beneficial to the community as a whole. Nevertheless, there were inconsistencies in the collation of participant information, with CPACs from each identified area failing to produce information in a standardised format. There is a question as to why this problem has not been rectified.

4.5 Positive Futures

Year One

The Positive Futures initiative is similar to the Walking the Way to Health project in that it is a national programme and is funded by the Youth Justice Board. The aim of

the project was to engage young people who have offended or who were at risk of offending in diversionary activities. Such individuals were referred by a particular agent such as a school, the police or a youth club, and participate in the various activities provided and co-ordinated by the newly appointed police secondee, whose job it was to co-ordinate the delivery of the project locally within the North East Districts of Wear Valley and Teesdale. The project commenced in October 2002 and has provided 'at risk' youth with the opportunity to participate in a variety of activities. Activities provided during the first year included football, outward bound activities, basketball, swimming, and rugby, all of which act as a diversion from crime and anti-social behaviour. Within year one the initiative engaged 112 young people, aged between 12 and 16. In terms of participant tracking, a 'core' 50 were identified and tracked by means of a matrix grid (in accordance with national criteria). At that time the project did not provide any clear exit routes for participants to engage in physical activity outside of the organised sessions, and there was no record of any of the participants joining local clubs. That said, approximately 25 were regularly competing in team sports at a district level.

Since the commencement of the initiative as part of the wider SAZ agenda, the Wear Valley area evidenced a clear reduction in public complaints of anti-social behaviour and subsequently the fear of crime. Therefore, this may well be testament to the success of the project in helping to reduce crime and anti-social behaviour. However, consideration should be given to the possible reasons for the reduction in reported crime, and it should be kept in mind that *reported* crime may not be a true reflection of *actual* crime. Nevertheless, it was the *fear* of crime rather than *actual* crime that

was the original concern of the local community, as was highlighted in the baseline data report of April 2002.

Furthermore, many of the young people referred were those who were regularly absconding from school. During year one however, the project coordinator encouraged numerous young people to return and continue with their education, which is clearly of benefit to the individual, and society. This could be due to a change in attitude toward many aspects of life, brought about by being placed in situations that demand the development of attributes such as leadership skills, trust and team work. The realisation that there are other ways of occupying time and experiencing a thrill without turning to crime may also have helped with this attitude transformation. However, this is merely speculation.

There was a notable change in the attitude of the identified 'core' 50, who became much more approachable than at the beginning of the project, and pleasant when approached with regard to engagement. The majority would engage in structured conversation around their sporting achievements and also around their community lives to a certain extent.

If the success of the initial year could continue throughout its lifetime, it was hoped that the Positive Futures project could make a clear contribution to the positive development of society.

With regard to the achievement of targets, this project was to address the following local policy outcomes, and the discussion above underlines the progress made toward

achieving these aims. These will be covered in more depth in the discussion around year two:

- Evidence a 25% reduction in offending over two years (with a target group of 600)
- Evidence a 25% reduction in reports of anti-social behaviour
- Provide drugs education, counselling and treatment
- Evidence parental/carer involvement
- Evidence that 20% of the target group have engaged in mainstream sport provision by the end of the programme
- Develop an intensive inclusion/education and training programme by the end of the programme
- Evidence qualitative and quantitative monitoring and evaluation of the programme impact
- Promote accreditation via JSLA (Junior Sport Leaders Award), BELA (Basic Expedition Leaders Award), CSLA (Community Sport Leaders Award) FA coaching, or outdoor education to increase the self esteem of the target group
- Develop peer training for sport and drugs education (by the end of year one)

The researcher suggests that the method of monitoring employed by this particular project be adopted by all other SAZ projects to ensure a more complete and consistent data collection.

Year Two

As mentioned above, Positive Futures originally targeted young people aged 12 to 16 years. However, during year two that age bracket was further widened to encompass individuals from as young as ten up to the age of 19. As mentioned in the discussions around the initial year of operation, the project incorporates numerous individuals but closely tracks a 'core 50'. By the end of the second year of activities, 71.43% of this core group had not come to the notice of the police post engagement with Positive Futures, indicating the potential impact that this diversionary programme could have upon individuals at risk.

As part of the SAZ initiative, Positive Futures were required to achieve several local policy outcomes, one of which was to evidence a 25% reduction in offending over a two year period. Figures 49 and 50 illustrate the total number of recorded crimes over the period April 2002 to March 2004 within the target wards, and the trend in crime over the same time period across the same wards. It is evident that Woodhouse Close had by far the highest crime rate of the four wards, although it also had the greatest population. Furthermore, crimes appear to have been committed more sporadically than in other wards, with greater fluctuations in recorded crimes from month to month.

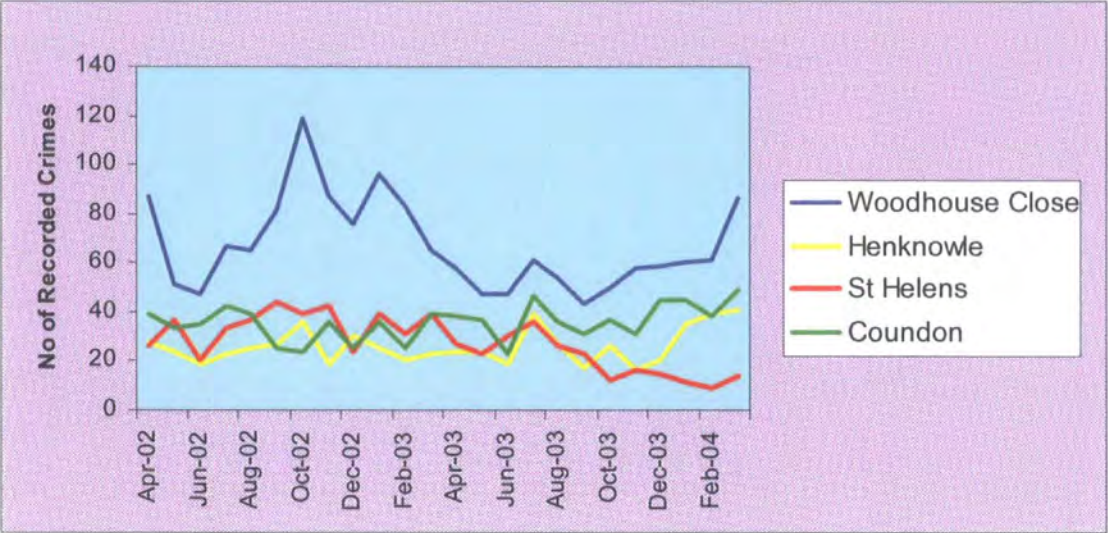


Figure 49. Crime Figures for Positive Futures Wards April 2002 – March 2004

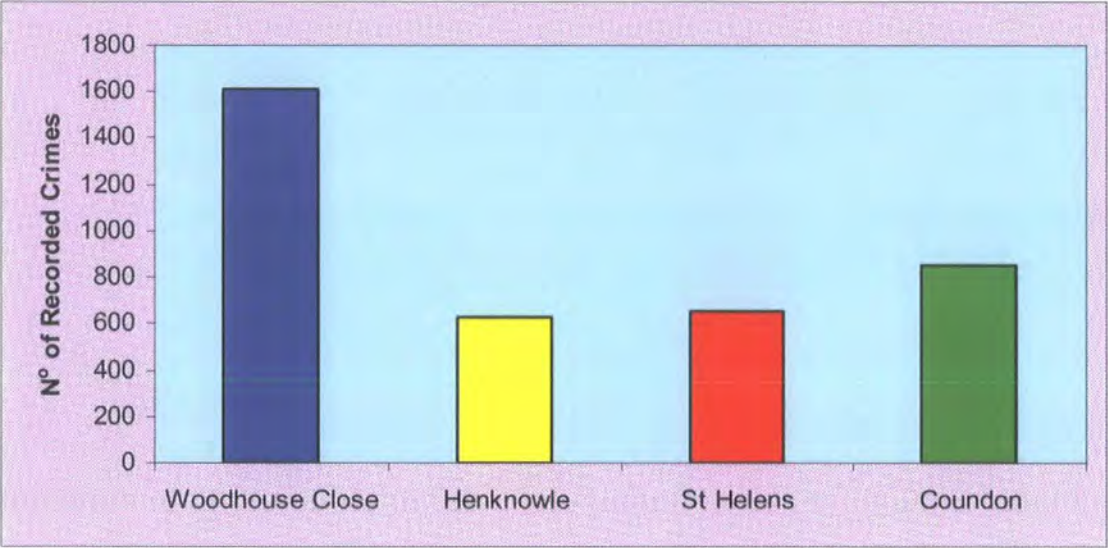


Figure 50. Total Number of Recorded Crimes April 2002 – March 2004

Figure 51 illustrates the percentage change in recorded crime in each of the target wards from year one (April 2002 – March 2003) to year two (April 2003 – March 2004), illustrating an overall decrease in recorded crime of **15.9%**. Although the target for crime reduction was 25%, a decrease of any magnitude is encouraging and suggests that the Positive Futures initiative is impacting positively on the local community. However, it would be interesting to look at the crime rates for Wear

Valley as a whole to see whether they were following similar trends to those in the target wards. Was the decrease in crime solely attributable to Positive Futures or were there other impacting factors?

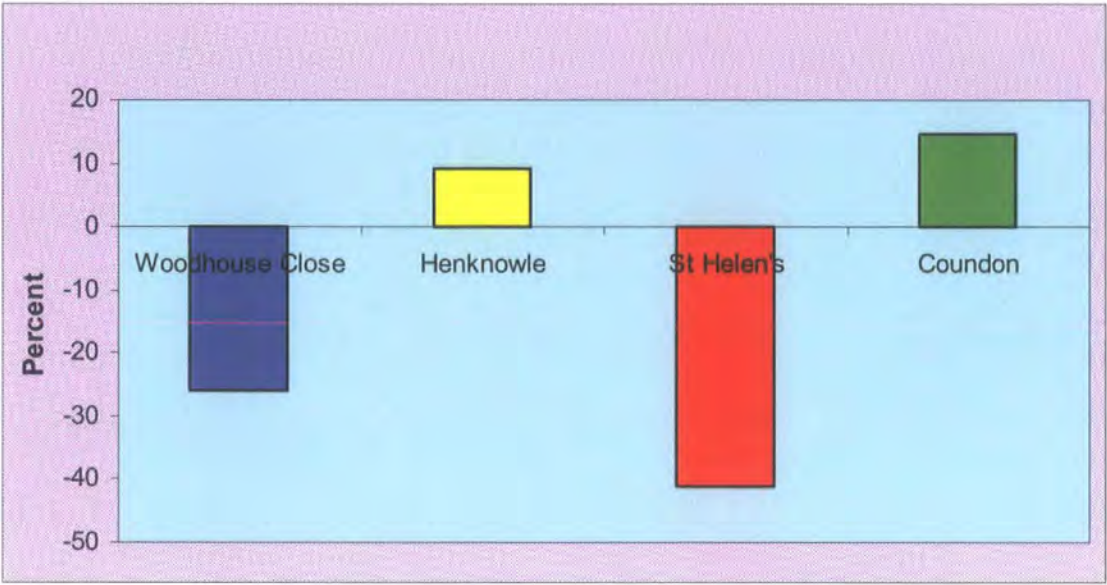


Figure 51. % Change in Recorded Crime across the Positive Futures Target Wards

Although the ward of Woodhouse Close displayed the highest crime rate, figure 57 evidences a general decline in criminal activity, along with the ward of St Helen's. On the other hand, Henknowle and Coundon both revealed incremental trends. Clearly, if the project is going to evidence a greater total reduction in crime in future years, it is necessary to address those areas in which crime appears to be on the increase. Given that the vast majority of individuals engaged in Positive Futures had not come to the notice of the police, this suggests that individuals outside of the project's target age group could have been responsible for crime in these areas. Conversely, there may be individuals within the target age bracket who were either not engaged in the project or upon which the project had little effect. Perhaps it was

these individuals who were accountable for the crimes? These are all issues that require further consideration.

A further requirement by the SAZ was to evidence a 25% reduction in reports of anti-social behaviour. However, it is important to note that because both detected and undetected crime figures are collected together, evaluation is extremely difficult and thus, the aforementioned Local Policy Outcome has been measured purely against those referred to the Positive Futures Programme. Nevertheless, it is still interesting to look at the overall trends in antisocial behaviour within the areas in which the participants resided, to potentially determine whether changes in antisocial behaviour within the Positive Futures group, had a 'knock on' effect on antisocial behaviour per se.

As with recorded crime, figures 52 and 53 highlight the total number of acts of anti-social behaviours recorded from April 2002 to March 2004 across the target wards, along with the general trend in such behaviours. Again, Woodhouse Close recorded the greatest number of incidences, and demonstrated the greatest fluctuation in acts of anti-social behaviour.

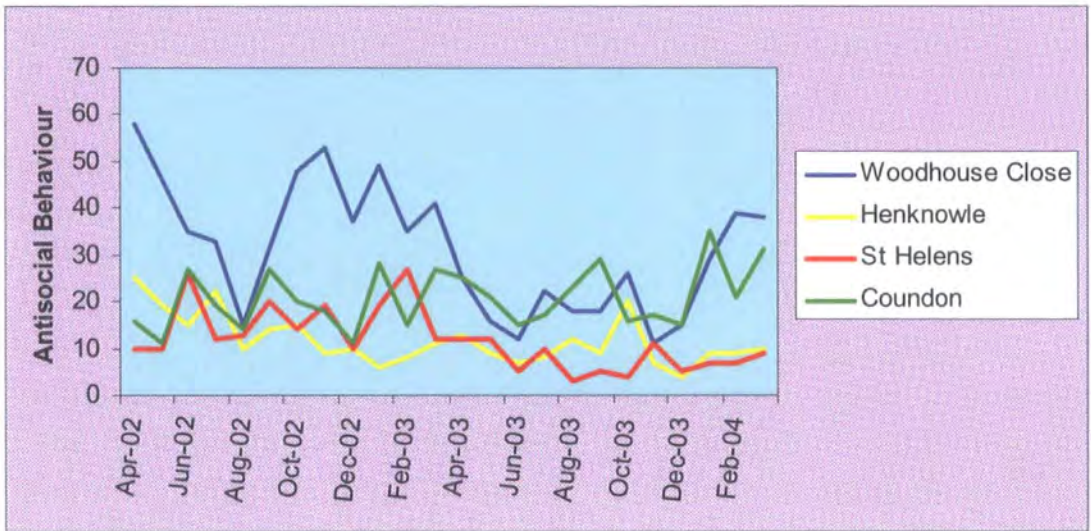


Figure 52. Anti-social Behaviour Figures for Positive Futures Wards April 2002 – March 2004

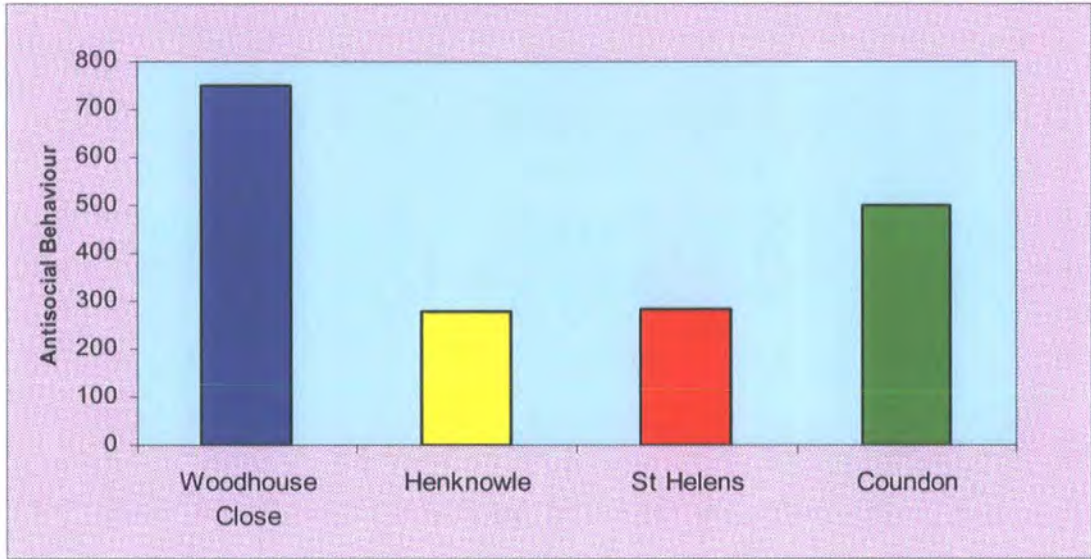


Figure 53. Total Anti-social Behaviour Figures for Positive Futures Wards April 2002 – March 2004

Furthermore, the percentage change in recorded acts of anti-social behaviour were calculated from the total of acts in year one (April 2002 – March 2003) to year two (April 2003 – March 2004), the data for which are displayed in figure 54. Although the ward of Coundon demonstrated an increase in antisocial behaviour from year one to year two, all other areas experienced substantial reductions in such acts,

subsequently contributing to an overall decrease of 30.7%, thereby exceeding the initial target set.

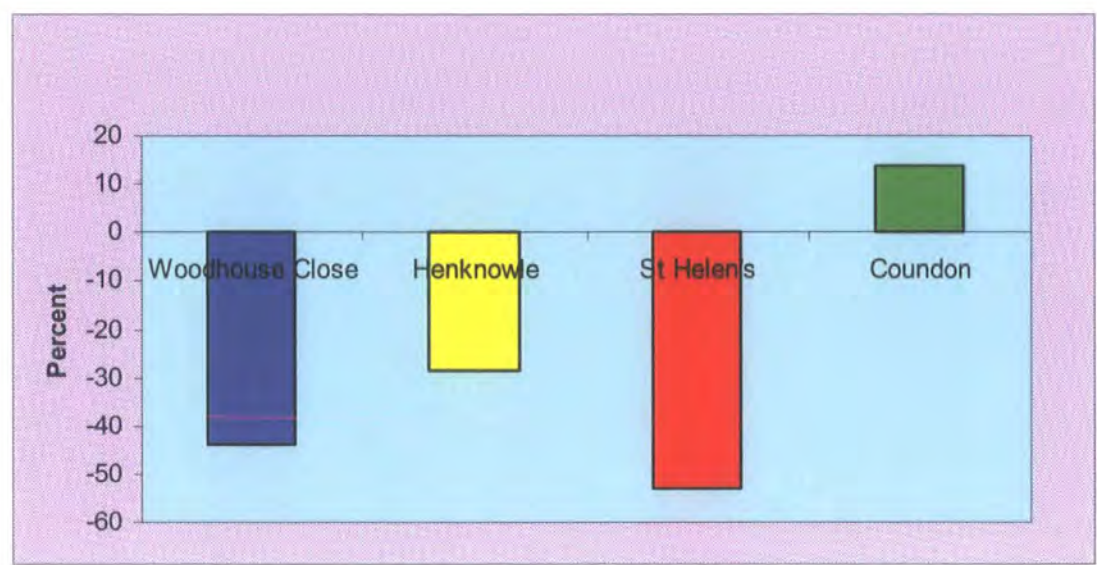


Figure 54. % Change in Anti-social Behaviour across Positive Futures Wards.

Although Woodhouse Close recorded the most incidences of anti-social behaviour, it also demonstrated the second greatest percentage decrease from year one to year two. Coundon, on the other hand, experienced the only increase out of the four target wards. Again, this may suggest that acts of anti-social behaviour could have been carried out by those who did not fit the Positive Futures profile, or that there were still a number of young people with whom the project needed to engage.

With regard to drugs education, the Positive Futures Coordinator was trained to Level one and was awaiting entry to a Level three course. As a police seconded, the coordinator also delivered drugs awareness sessions to the young people in Positive Futures based around his own knowledge and experience.

Furthermore, with regard to JSLA and CSLA accreditation, courses were being planned, with leadership awards based around sports work and also the possibility of young people taking part in the Duke of Edinburgh Award scheme.

Although the Wear Valley SAZ required the project to evidence parent or carer involvement, there were no parents or carers involved within the Wear Valley area at the time of evaluation. Thus, the project co-ordinator must consider this and try and incorporate it in future plans.

A further Local Policy Outcome was to ensure that 20% of the target group engaged in mainstream sports provision. At the time of writing, approximately 15 young people were involved with clubs outside of Positive Futures. However, with a target group of 600, this equates to just 2.5% of the target population, so further effort to ensure individuals are incorporated into independent clubs is important if sustainability is to be accomplished.

However, within the scheme, young people were offered the chance to participate in a variety of sports, some of which they had never been able to access before. For example, some of the young people had formed an American Football team and competed at National League level, the only Positive Futures team in the country to do so. Together with football and basketball, this sport experienced particular success, although young people participated in a number of other activities including tennis, cricket, netball, trampolining, go-karting, and dance. Provision of these activities was possible due to the close links with the CPAC programme.

Subsequently, individuals outside of the Positive Futures target wards were able to benefit from these opportunities.

In terms of exit routes, one new club had been formed in Wear Valley, although an increase in the number of clubs would benefit the scheme by enhancing opportunities for young people to participate outside of their Positive Futures time. Participation in stimulating and enjoyable activities can provide an array of benefits for young people at risk, such as enhanced self-esteem and self-efficacy, improved communication, leadership skills and decision-making (Gordon-Larsen, 2000). Young people were also offered the opportunity to fulfil their sporting potential via links with educational establishments such as Bishop Auckland College Football Academy.

The interview and focus groups provide numerous anecdotes regarding the impact that the Positive Futures scheme has had. The impact has, on the whole, been a positive one and it appears that numerous individuals experienced a change in both attitude and behaviour. For example, there has been recognition of sporting achievements, re-engagement with education, employment and work experience to name but a few. Thus, although the project may not be able to change every individual's attitude and behaviour, the suggestion that it has positively impacted upon the attitude and behaviour of some individuals in itself provides justification for the project's existence.

It is important that the initiative's co-ordinator is aware of the local policy outcomes requested by the SAZ and that the necessary information is collected on a regular basis to ensure a more efficient and effective evaluation of the project and the SAZ as

a whole. Again, as with the Walking the Way to Health project, problems arise when there is a conflict of interest between two stakeholders with conflicting targets. It is often difficult to please both and thus the project would benefit from a closer working relationship between national and local partnerships.

Furthermore, the problems encountered by the CPACs regarding the collection of participant information, also needs to be highlighted as an issue within Positive Futures. There had been talk of devising one main database in conjunction with COSIP (Co-ordination of Social Inclusion Programmes), and discussions were ongoing at the time of writing. However, from a monitoring point of view the database must provide the following information:

- Name/ID number
- Sex
- Date of Birth
- Postcode
- Awareness of Positive Futures
- The referring agent
- Number of attendances per month
- Hours of attendance per month

It would be most effective to have a joint database for both the Positive Futures and CPAC initiatives given the close relationship between the two and the fact that many of the Positive Futures participants also engage in CPAC activities.

Year Three

Once again, and concurrent with years one and two, the age bracket for Positive Futures was further expanded to incorporate those aged eight to 19. Furthermore, the strict regulations regarding the specific targeted wards were relaxed and cases became much more individualistic, meaning that those who live outside of the initial target wards could now be included in the scheme. This must be viewed as a positive step in targeting and helping those individuals most at risk and is therefore beneficial to society as a whole. The section to follow will now compare the findings of year one through to year three (April 2002 – March 2005).

In terms of local policy outcomes and the achievement of a 25% reduction in crime, figure 55 shows that from April 2002 to March 2005, the project contributed to an overall decrease in crime of 5.6%.

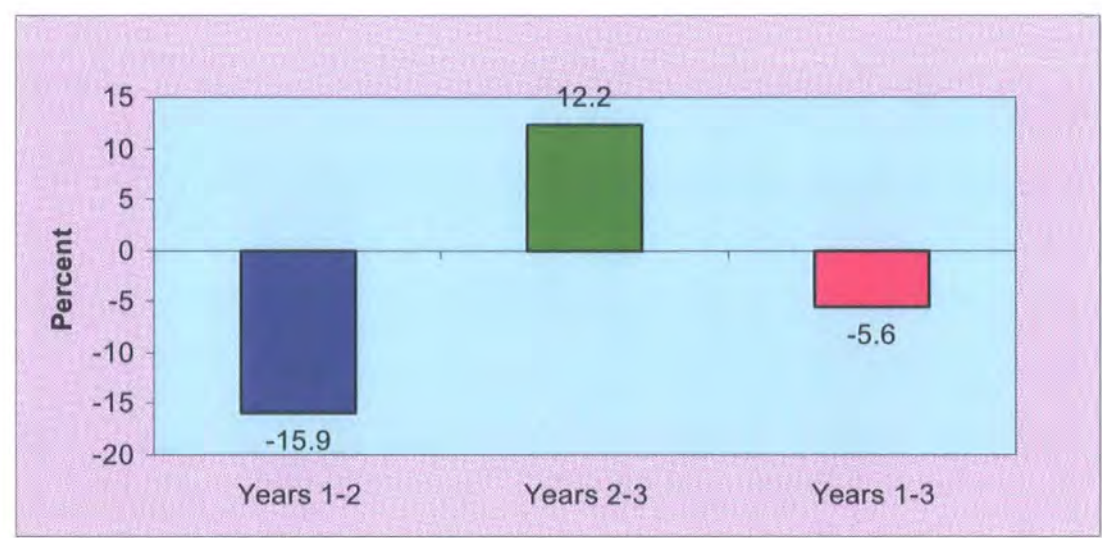


Figure 55. Annual % Change in Recorded Crime April 2002 to March 2005

It may have been thought that crime would continue to fall given the percentage decrease of 15.9% from year one to year two, but this trend was adversely affected by

an increase of 12.2% from year two to year three. The reasons for this increase can be mainly attributed to the 96.9% increase in recorded crime in the ward of Henknowle between years two and three as shown in figure 56. Thus, reasons for this dramatic rise need to be accounted for as it was the only Positive Futures ward that experienced a continual and marked annual increase. The greatest percentage decrease in recorded crime occurred in the ward of St. Helen's in the form of a 42.6% decrease over three years. The wards of Coundon and Woodhouse Close experienced very slight changes, with a 1.3% decrease and a 0.15% increase respectively. Indeed, if Henknowle was taken out of the equation altogether, Positive Futures would have contributed to a 26.5% decrease in recorded crime over the course of the first three years and therefore exceeded the set target so the figures need to be interpreted with some caution. However, if all variables cannot be identified, let alone controlled for, it is impossible to determine the contribution of Positive Futures in respect of any reduction in crime and anti-social behaviour.

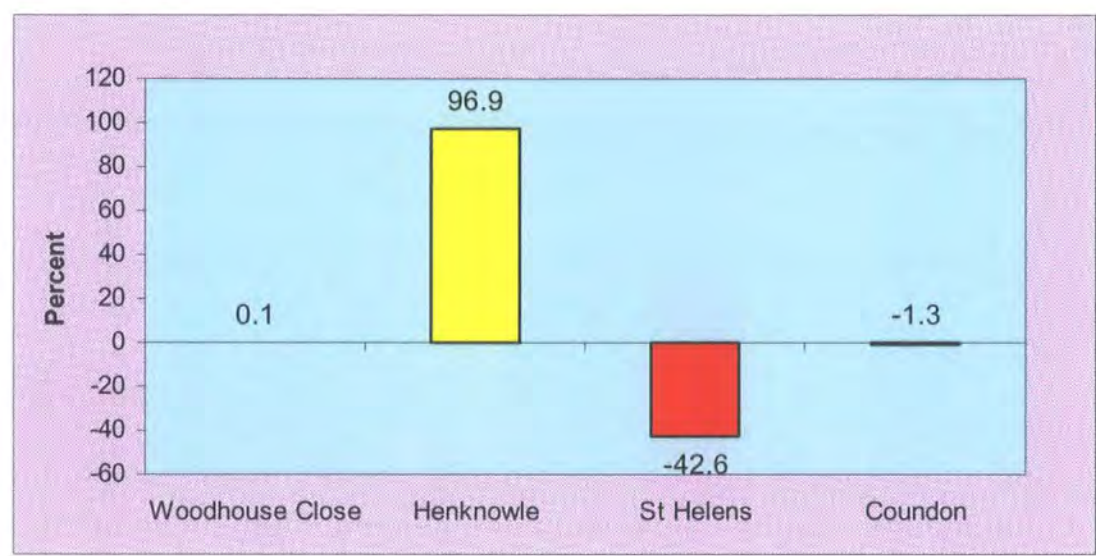


Figure 56. % Change in Recorded Crime across the Four Wards April 2003 - March 2004

Figure 57 shows the overall percentage change in recorded crime in each Positive Futures area from April 2002 to March 2005. As mentioned above, the total percentage change (of all areas) from year one to year three was heavily influenced by the dramatic increase in recorded crime in the ward of Henknowle. St. Helen's shows the most discernible decrease in recorded crime at 66.2%, with steady decrements over the course of the three years.

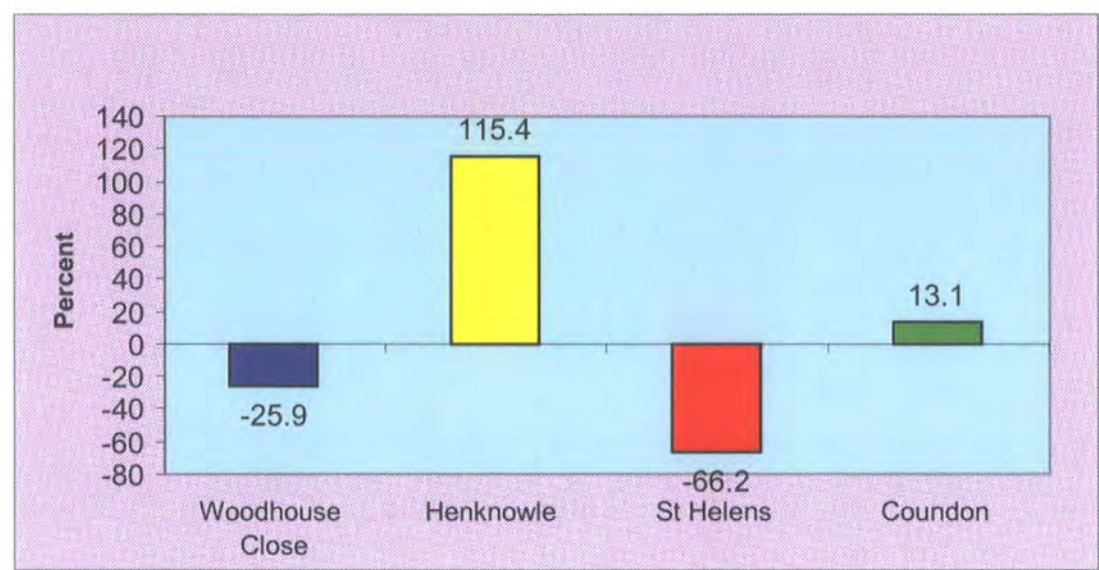


Figure 57. % Change in Recorded Crime across the Four Wards April 2002 - March 2005

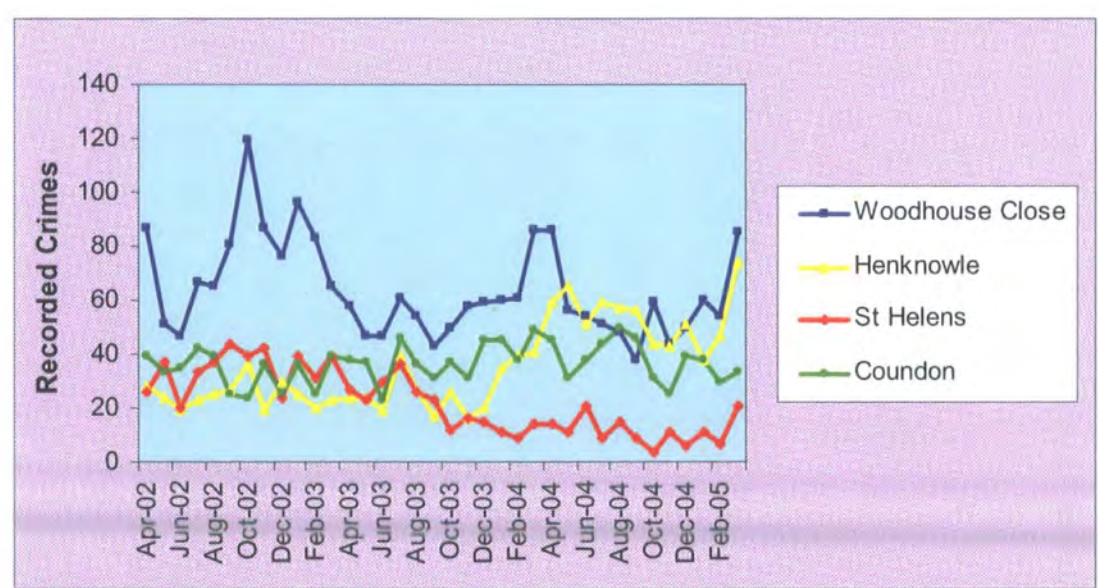


Figure 58. Crime Figures for Positive Futures Wards April 2002 - March 2005

It is important to look at the annual and overall percentage change to an area rather than the total number of recorded crimes, as the latter does not provide a true representation of an area's problems, or its changes. As figure 58 depicts, although Woodhouse Close recorded the greatest number of crimes (2,293) between 2002 and 2005, there it is unknown whether there was an overall decrease over this same time period of 25.9%. This is comparative to Henknowle who recorded a total of 1,270 crimes over the same period but in fact experienced a dramatic 115.4% increase during that time. This highlights the fact that numbers alone are not truly representative of crime in an area, and the comparative demographics of each area or ward also need to be taken into consideration.

With regard to antisocial behaviour, numerous problems were encountered in the collation of this data over the course of year three, as antisocial behaviour figures were considered a low priority, and the information was difficult to obtain as it had to be obtained from Police Headquarters. The figures from year two would have been extremely time-consuming to retrieve as it was necessary to search each individual area code for the information, unlike previously when it could be done on mass. Furthermore, the target figures (the aims as set in the original action plan), according to the Home Office, were no longer being used as a measuring tool. The Home Office also made changes in terms of measuring the impact of the project on a young person's life, and there was a potential new monitoring system coming into force provisionally in spring 2006. Thus, figure 59 depicts those figures the author was able to trace between August and September 2005, illustrating that, on the whole, there was a decrease in antisocial behaviour. The exceptions were Henknowle, where

the figures remained the same, and Coundon, where there was an increase. However, analysis proved extremely difficult given the lack of robust standardised data.

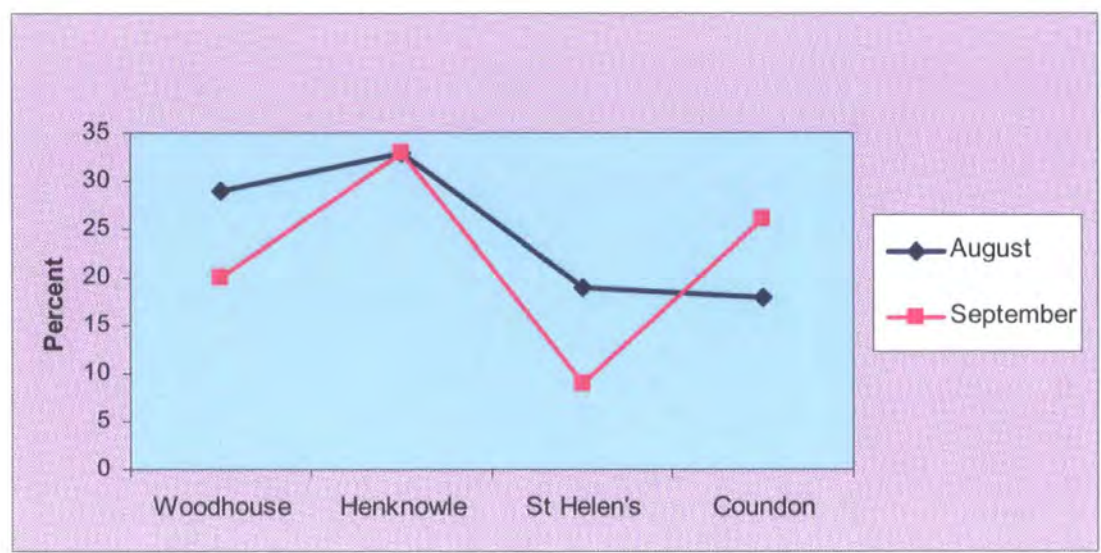


Figure 59. % Change in Antisocial Behaviour across the Four Target Wards August 2005 – September 2005

Because of the similarities and overlap between Positive Futures and the CPAC projects, a mutual benefit is gained by running the projects in parallel. This also helps to avoid possible duplication and maximise outputs. Thus, as with the CPAC project, interviews were undertaken as part of the evaluation. Ten young people (males) were interviewed in an attempt to determine *why* they think and behave in the way they do. Several key themes emerged from the interviews. These included: perceptions of the local area, use of spare time, education, perceptions of the police and the perceived impact of the project.

Perceptions of Local Area

There was an equal divide in terms of the interviewees’ perceptions of the area in which they lived, half with the opinion that it is boring and there is nothing to do and half of the belief that it is ‘OK’. Those who were negative about the area argued that

‘it’s a dump’ and ‘there’s nothing to do’. The most frequent dislikes about the area were ‘druggies,’ ‘smack heads’ and having ‘nothing to do.’ However, others explained that although the area has a bad reputation and ‘people think it’s proper dirty.....and scum, but it is actually not that bad.’

It angered one interviewee that there were, ‘the odd few that get into trouble with the police and there’s the odd few that take drugs, and everyone else.....they get their reputation.’

Another young person agreed, ‘it’s not proper bad.....if you go and get to know people you’re like fine, but if you come in on the bus, you get off and someone will go “aye, what’s he looking at?!” and they’ll probably start fighting.....if you say anything you’ll get murdered.’

Furthermore, there existed sub-communities within the locality. As one young person described, ‘Everyone in Coundon knows everyone.....you know who’s alright and who’s not if you know what I mean.’

Others agreed that ‘it gets boring sometimes, when there’s nowt to do and that but.....most weekends are good.....you can have a drink and that. There’s summat to do, there’s loads of lads out n that, just havin a crack on.’ Another young person added how ‘we’re always out, we’re never like in the house, never couch potatoes’.....‘some nights you can go out and have a good night and find something to do, and some nights like you’re bored shitless and don’t do nowt, it’s

crap.’ One individual described how he would ‘smoke a bit of dope and that, but that’s just to help us get through the day that. It just chills you out for the day.’

This information highlights the fact that young people like having something to do to occupy their time and so, if activities are not readily available to them they will seek entertainment through other means such as drinking, smoking and hanging around on the streets with their friends, often getting into trouble. One of the interviewees maintained that the opportunity to engage in activities through Positive Futures had helped change their opinion of the area. ‘It’s canny good now that this is open. I’m doing a lot more stuff. It was a boring place before.’ Thus, the provision of meaningful activities appears to reduce the sense of apathy that was present before.

Use of Spare Time

When asked to discuss what they normally do in their spare time, the main two activities were football (or sports) and walking about the streets with their friends (mainly in groups). ‘Monday nights we’ll go up and play football and then we’ll have a walk about the streets.’ This, it seemed, was the behavioural norm on most days of the week. Thus, this questions the extent to which the Positive Futures activities are actually of benefit to the community. If the young people are still hanging about on the streets then can it be considered a success? This may depend to a certain extent on whether the young people are still engaging in the same behaviours as they were before the Positive Futures project was introduced. The interview responses suggest there has been a change in behaviour, primarily as a consequence of minimising the boredom factor and providing the young people with positive activities to occupy their time.

The young people themselves admitted that without these activities they would 'probably be getting into trouble.....if it wasn't there you'd go out and you'd eventually get bored of doing stuff and then you'd have to find summat else to do.' They described how they would go 'walking about the streets looking for something to do.....seeing something, knowing it's stupid to do and doing it anyway cos it's summat to do.'

Another individual discussed how they would 'always find something fun!' There is evidence to suggest that peer pressure exists, but none of the interviewees admitted to succumbing to such pressure. The majority responded in a manner similar to the following; 'I just tell them I don't want to do it. Most of them just listen but some of them just try and force it on you. I just say no.' However, one respondent suggested that he was easily led which is why he would get into trouble. 'That's my problem though.....I'm too easily led.....so that's a big problem in me life.....too soft hearted.' Others describe how they were in fact 'normally the one who does stupid things' and that others 'just try and go along with it.'

Education

Academic achievement is, on the whole, quite poor with young people either leaving school without any GCSEs or only attaining poor grades (D grade or poorer). Furthermore, there are numerous instances of exclusions or truancy. The perception of school appeared to be rather mixed amongst the interviewees, with four stating an obvious dislike, five being rather indifferent and only one showing a sense of enthusiasm. One young person expressed his dislike of school in no uncertain terms: 'Hated it! I hated every teacher. They used to pick on me constantly. Everything that

would happen in the classroom was down to me.’ As a consequence, truancy was not uncommon with this particular young man. Another showed a lack of enthusiasm for school: ‘it’s just proper boring. You just sit there listening to the teachers rabbitting on, so you just sit there and go to sleep.’ The one individual that showed a sense of eagerness about education appreciated being given a second chance as a result of attending the Positive Futures sessions. He was hoping to begin attending a basketball academy where ‘you learn theory and that during the day and the rest of the day you play basketball.’ When asked whether he was looking forward to it, his interest was obvious: ‘Way Aye (yes)! It’s the best thing I’ve heard since.....well, I can’t even remember since when! I went to school but I left before my GCSEs so I didn’t get any of them.’ He discussed how he was ‘just always out on the street.’ Nevertheless, although his circumstances contributed to a complete lack of qualifications, his passion for education was undeniable: ‘I loved science! I enjoyed that.....that was great!’ Perhaps one of the main problems stems from the apathy that most of the young people exhibit. They tend not to think in terms of developing a career but in terms of securing employment as a means of provision – ‘it’s just something you have to do.’ Manual labour is the extent of the majority of young people’s ambition. There is an assumption that they will follow in the footsteps of their fathers or step fathers and undertake jobs in masonry or working as a roofer, for example. Moreover, a number had the unrealistic aspiration of becoming a professional footballer, emphasising their love of the game.

Perceptions of the Police

As with education, there was a mixed response in terms of perceptions of the police. These responses were interesting given the fact that the project coordinator was a

seconded police officer and had great respect from those engaged with the project. Two of the young people interviewed had no real opinion of them, one expressed his hatred for them and the remaining seven had mixed opinions, believing that some police officers were 'ok' but were derogatory of others. There was an agreement that young people receive unwarranted attention from the police. One interviewee described how 'some of them are alright but some of them are cunts.....you'll just be walking down the street and they'll just pull up in their car and just stand there and search ya (you). I don't like that.' Another agreed saying, 'they do silly stuff like picking on people when they could do proper jobs like arrest all the dirty smack heads around.' Some people believe that the police are only doing their job but 'sometimes they have nowt better to do.....like I was walking around the street and I was bouncing the ball so he took us home!' One young person discussed how 'they're out there as soon as you've done a couple of things, they're out there straight on your ass all the way, watching and everything like that.' During this conversation it became clear that these young peoples' perception of what constituted a criminal offence may in fact be very different from what the law states is a criminal offence. The interviewee continued, 'I suppose fair enough.....it is fair.....but it just becomes a thing every time you do a little bit of something, you know what I mean?'

Perhaps this again raises the issue surrounding perceptions and degrees of 'right' and 'wrong'. Thus, a considerable number (eight) of those interviewed admitted to being in trouble with the police but questioned the seriousness of their offences. For example, one young man was arrested for trespassing but excuses this by explaining, 'that's only because it was chucking it down and we decided we'd go inside this porch and the dog got us caught.....we had to go and make an interview....a statement or

whatever it was.....and I've been caught a few times for just drinking out on the streets but there was about 50 of us then.' Another individual explained that he had been in trouble for 'breeches [of bail].....no major offences like.....breeches and petty theft.....like paving slabs for instance.....I was drunk.....easy money.....20 quid!'

It was believed that people get into trouble for being in the wrong place at the wrong time rather than actively going out looking for trouble, although interviewees admitted to knowing people that did the latter. One boy explained, 'someone will have done something and they'll think that you've done it and chase you for no reason, and they'll catch you and say "what have you been doing?" and that. Like I've been caught before and I just gave a different name, and they don't say anything. They just say "what's your name? This is your warning." Providing a series of different names each time they got caught seemed to be a common behaviour amongst the interviewees. Hence they know they can get away with causing more trouble as the police will not have any record of a previous warning and therefore cannot act upon it. Others state how they simply 'never get caught!' Additional offences that were listed by the interviewees were breaking and entering, criminal damage and smoking offences (cannabis).

When asked about other crime that occurred in the area many admitted that they knew of people who committed crimes such as theft, breaking and entering, criminal damage, burglary, and drug related crime, but they were quick to dismiss their relationship with these people. Interestingly, although they themselves admitted to committing similar crimes, they did not perceive themselves as 'criminals'. In fact,

they perceived themselves in a completely different light to the individuals whom they viewed as criminals. However, exactly what constitutes 'criminal' behaviour is difficult to define as there are different degrees of such unwanted behaviour. One interviewee explained, 'there are some [criminals] that I'd class as mates, but just not that good mates. Like far away friends type of thing but none of my mates get into stuff like that. There's a few of them who are taking drugs and stuff but nowt bad, just stuff like dope and stuff like that.' However, given that Positive Futures targets individuals who have committed crimes or those who are at risk of doing so, questions whether the target individuals are actually engaged with the initiative. There are clearly individuals out there that are of the same, if not greater risk of disrupting the peace within the district of Wear Valley.

Furthermore, having a focus in life appears to impact upon an individual's attitude to crime and resultant behaviour. One young person had recently become a father and described how, although he knew of people who committed crime, he did not want to be associated with them anymore. He explained, 'I've kind of got the bairn now so I'm trying to stay out of trouble. Number one priority in my life now that.' This suggests that the Positive Futures activities could be a way of providing young people with a focus in life, by empowering them to take part in activities that are of interest to them and engage them in qualifications as a route to employment that is different and has more appeal than the traditional school route.

Perception of Positive Futures

The activities were enjoyed by all those interviewed. One young person explained, 'we can do basically anything we want. When we come up, he [the session leader]

just takes us to the driving range and takes us place like that, and he just asks us basically “what do you want to do?”” Another interviewee added, ‘they don’t really ask much of us. They just give us something to do and we do it. And what they give us is normally good.....and the rules we have to stick to aren’t that bad.’ Further, the presence of role models is clearly influential as the boys spoke enthusiastically of experienced coaches leading their sessions, particularly in football. One of the boys explained, ‘Newcastle coaches come and train us, like every Friday but like I wish we could have them more than that.....I wish we could get more football coaching off professionals, like learning more.’ The enthusiasm for participation in sporting activities was clear, particularly those activities that the young people perceived themselves as being good at or had experienced success in. Thus, development of self-esteem, self-efficacy and self-worth may be a key determinant of future behaviour.

The interviews illustrate that provision of enjoyable activities, and development of a sense of responsibility, respect, self-worth and confidence, contributes to the development of a more harmonious society.

In terms of Positive Futures providing a realistic means of sustainable physical activity, this is not what the project co-ordinator believes is the most important outcome. During the interview, the project leader spoke about general engagement of young people who are at risk within a community. He believed that the project does not necessarily have to be about the participation element and uses one young person as an example. Despite this young person residing in an area of socioeconomic deprivation and thereby exposed to a greater number of risk factors (Hommel et al.,

1999; Farrington, 2002), he does not take part in any of the Positive Futures activities. However, when activities are put on he will turn up to the sessions. Thus, Positive Futures are still able to engage with this young person and can account for his whereabouts for that particular period of time. Indeed, regular contact such as this provides an opportunity to infiltrate and perhaps influence that young person's perspective on life and, if successful, produce an eventual change in attitude and behaviour, thereby diminishing the potential for engagement in acts of criminal or antisocial behaviour.

One identified area of concern in terms of the management of the project relates to the core 50 individuals. This core is supposed to be reviewed every six months. However, the problem then arises as to who to include and who to leave out. For example, one young person may have been identified as being a problem in the first core 50 but six months on there are more and more individuals who have been identified as having a greater number of referrals or risk factors attached to them. Thus, should the project simply reject the initial young person even though he/she clearly still requires help on the basis that they carry fewer risk factors than others? Or should the criteria for inclusion be relaxed so that there is greater scope to provide help to all troubled youth within an area? It is possible that if this happens, young people may perceive that only bad behaviour is rewarded and thereby be encouraged to commit worse crimes in the hope that they will be included in the scheme once more. Furthermore, it is not always those who carry the most referrals who are at most risk. Thus, it is clear that this project has to battle with numerous challenging issues.

In terms of whether the project has been an overall success, the project leader firmly believes that it has. Indeed, he believes that if just one young person has been prevented from going to prison then the project has worked and there are many examples of where that has been the case. For instance, one young man has now joined the Navy and has seen that there is more to life than he had previously thought. Others are in employment or back in education. These are outcomes that are simply immeasurable. However, it is believed that the real test will come with future generations. Will the project have had an impact upon how these young people treat their own children in years to come? Will the values instilled in them by their own parents have been influenced to the extent of being changed by being part of the Positive Futures project during such influential years of their lives? Or is this culture just too obstinate to initiate change?

4.6 Modern Apprentices

It should be explained from the outset that this particular project is a mere 'add on' in comparison to the discussion around the aforementioned projects. The reason for this is that the modern apprentices were usually distributed amongst the other projects as facilitators to the project coordinators. Thus, rather than modern apprentices being perceived as a project in its own right, it was perceived as holding more of a facilitating role across the Wear Valley SAZ. Nevertheless, the issues relevant to this project are subsequently discussed as they impact upon other areas of the SAZ.

Year One

In July 2002 (year one), five male and one female Modern Apprentice were employed and assigned to different areas of the leisure industry depending on personal interests

and also the specific needs of the SAZ. This then determined the qualifications and training completed by each apprentice. Each apprentice was required to undertake the following courses during their year long placement:

- Sports and Recreation NVQ Level II
- Gym Instructor NVQ Level II
- National Pool Lifeguard
- FA Coaching Level 1
- Key Skills, IT and Communications
- Equity in Coaching
- Child Protection
- First Aid
- Self Defence.

However, there were a number of additional courses that the apprentices had the option to undertake and figure 60 signifies the total qualifications completed by the apprentices throughout the year. Thus, there was an emphasis on gaining relevant qualifications in order to achieve the targets specified above. Furthermore, with regard to the job description, the first cohort of apprentices engaged in the following activities and tasks:

- Various sports and physical activities such as football, basketball, badminton, tennis, swimming and cricket.
- Organisation of social events
- Co-ordination of school holiday activities
- Completion of leisure finance forms
- Database work

- Shadowing of various physical activity instructors
- General administration work such as filing, postage, etc.

Again, the above information indicates the importance attached to work which prepared the apprentices for employment upon completion of the project, maximising their chances of getting a job within the leisure industry. Upon completion of questionnaire analysis, it was evidenced that all apprentices possessed a desire to work within the sport and leisure industry and perceived their placement as facilitating the achievement of this aim through the development of knowledge, personal and interpersonal skills, and experience of working both as part of a team, and as an individual.

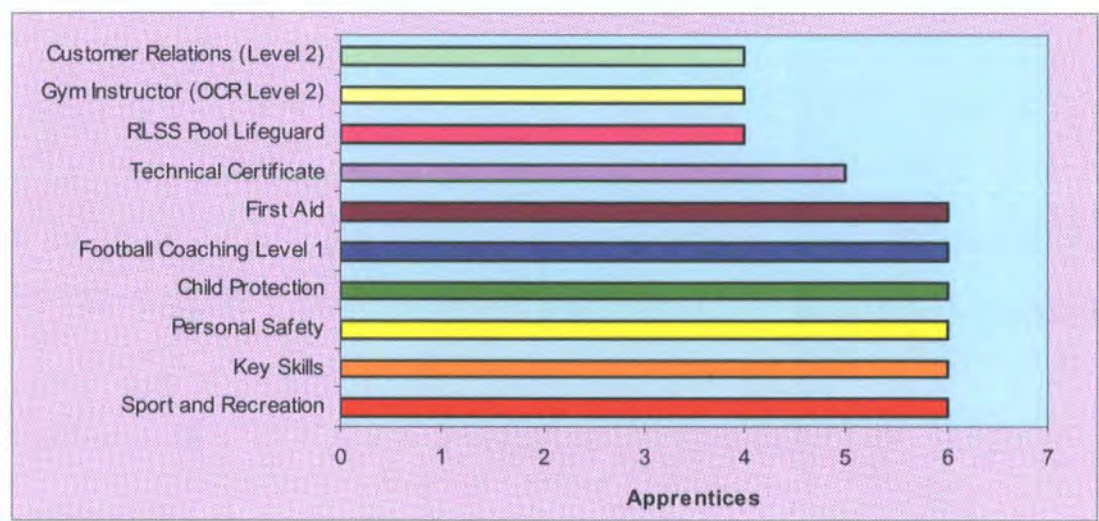


Figure 60. Qualifications Obtained by Modern Apprentices

Year Two

Upon completion of year one, a further seven apprentices were appointed in July 2003, all of whom were male. They were required to complete an array of qualifications, as shown in figure 61. Indeed, several new opportunities arose during

year two, with apprentices being given the additional opportunity to obtain Welcome Host Training, Trampoline Coaching Level One, Refereeing, and Level Two in the Treatment and Management of Injuries in Football.

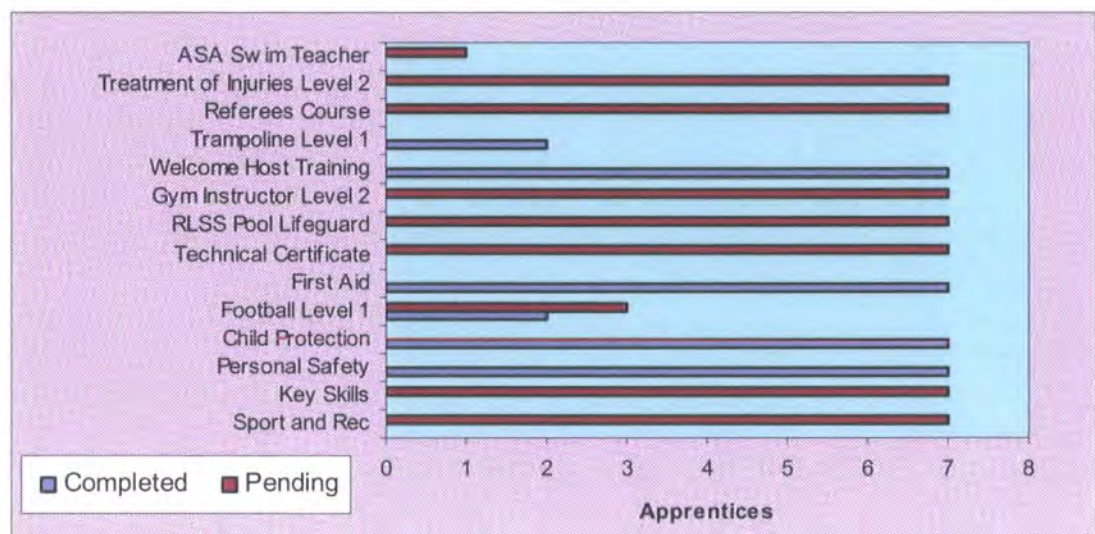


Figure 61. Qualifications Obtained or Awaited July 2003 – July 2004

With regard to the local policy outcomes determined by the SAZ, it is clear that after two years in operation, the project was on target to provide 30 young people, over a five year period, with a host of recognised qualifications. Furthermore, the project also appeared to be on target to attain the goal of helping ensure all apprentices secure full time employment upon completion of their placement, as all seven were offered jobs. That said, only two of these jobs were specified to be full time and permanent, the others being casual. However, there is less clarity as to whether it would be possible (after five years) to determine if the 30 apprentices could be specifically divided into ten qualified swimming instructors, ten fitness instructors and ten community fitness instructors, as specified in local policy outcome two. More information in this area is therefore required.

All Modern Apprentices were subjected to a variety of experiences through SAZ activities, mostly through the assistance they provided to the CPACs. They also helped with the organisation and running of special events such as the Great North Walk, and provided support to the Arts Team activities. Although a large quantity of the placement was practically based, the academic component was adequately accounted for and the apprentices were allocated a certain amount of study time in order for them to complete this specific element of their placement.

One criticism of the initiative would be that over the first two years all but one apprentice were male. Given that there is a distinct need to increase female participation across the SAZ as a whole, would it not be pertinent to provide female apprentices who can engage with and encourage greater involvement from the female population of the local communities?

Year Three

Over the course of years one to three, 18 young people successfully completed their modern apprenticeship as part of the Wear Valley SAZ. Although the target age group was originally 16 to 24 years, the modern apprentices tended to be aged between 16 and 20. These apprentices all completed National Vocational Qualifications whilst helping out with the day to day management and running of the different projects which fall under the umbrella of the SAZ. From the project coordinator's point of view, the main aim of this particular project was to ensure the employability of all apprentices, whilst teaching them to attribute real value to the type of work that they were undertaking. Although the project was funded by the SAZ, the fact that it was apprenticeship programme meant that Bishop Auckland

College was able to offer education in terms of the NVQ, as well as travel costs and the provision of time. This is a key example of partnership working and good practice.

In accordance with the local policy outcomes, the project has been a success, measured primarily by the number of apprentices who gained employment at the end of their placement. For instance, each year approximately 75% of apprentices went on to become employees within the leisure industry, and those who did not go into this particular industry gained employment elsewhere. In terms of problems, there were a few disappointments in Year three. Three apprentices were sacked due to their lack of interest and commitment to the job. They were using it as an easy means to make money rather than doing it because they really wanted the experience and qualifications to enhance their lives and the lives of others. There was a further issue in relation to the college. There were instances where highly motivated young people were rejected by the college because they did not satisfy the required academic National Vocational Qualification (NVQ) entry requirements. Thus, individuals with the ability to effectively undertake the role of a modern apprentice exist, but are denied access to the programme because of academic requirements. Indeed, it was hoped that maybe some of the CPAC participants would be given the opportunity to become a modern apprentice themselves, but because so many of them lack a sufficient level of education this has not been possible. Thus, this is an issue that would benefit greatly from a review.

In terms of the effect the apprentices had in facilitating projects such as the CPAC project, the Modern Apprentice coordinator believes that such programmes have

provided individuals, especially young people, with a tremendous opportunity to take part in a variety of activities that they would not otherwise have had the opportunity to take part in, especially in terms of structured activity, something that is perceived to be essential in the lives of young individuals.

A criticism of this project from a monitoring point of view is the lack of female apprentices that are attracted to the scheme. All apprentices were male. This is a particular worry given the national issue of female engagement in sport, and in particular the problems encountered with getting young girls to participate in the activities provided by the CPACs. It was suggested during the presentation of the year two report that more could be done to actively encourage young local females to apply for the apprenticeships, such as giving talks to local community groups, youth clubs and schools, and asking teachers to ‘head hunt’ particular students whom they believe would satisfy the placement needs.

CHAPTER 5– DISCUSSION

5.1 Introduction

This chapter highlights and discusses the findings from and impact of the Wear Valley SAZ and its related projects. Specific reference is made to the five SAZ themes of social inclusion, regeneration, health, education and lifelong learning, and community safety. The chapter focuses on the lessons learnt and the key issues worthy of further deliberation in the context of this study. These include determinants of physical activity, attitudes, empowerment, and sustainability, and are the principal themes that emerged from the analysis of the data, and are thus considered important to the development of potential future initiatives with a similar remit. Subsequent to this discussion, the author makes recommendations for change and further research in each area. Pertinent examples will be drawn upon from the four projects evaluated: Walking the Way to Health; Community Physical Activity Coordinators; Positive Futures and Modern Apprentices.

5.2 The Contribution of Sport Action Zones to the Effects of Deprivation

With regard to physical activity and sport, the vision of the UK Government is twofold: ‘to increase significantly levels of sport and physical activity, particularly among disadvantaged groups’ and to simultaneously increase levels of performance (DCMS/Strategy Unit Report, 2002: 80). However, SAZs are about increasing participation in areas of deprivation and thus, the purpose of this discussion will be on the former of the Government’s objectives. To elaborate on the importance of this objective, the Government believes, as stated in the PAT 10 Report (PAT 10, 1999: 8) that ‘arts and sport, cultural and recreational activity can contribute to neighbourhood

renewal and make a real difference to health, crime, employment and education in deprived communities.’ This emphasises the potential (yet circumspect) impact of the cross cutting agenda of SAZs. Consequently, the evaluation of the Wear Valley SAZ seeks to evidence the extent to which sport and physical activity can be used as both an intervention tool in curtailing social exclusion and as a means of increasing levels of physical activity in an attempt to satisfy the Government’s ambitious 70% participation target. It demonstrates the merits of alternative physical activity interventions, as well as illustrating how the concept of sport development has been revolutionized from the original ‘top-down’ approach to a ‘bottom-up’ model of community empowerment.

5.2.1 Social Inclusion and Regeneration

Sport Action Zones are centred on the notion of community involvement and sport development from a new empowerment perspective. Involvement of the local community is required as part of wider partnerships with public, private and voluntary sectors in order to maximise the attempt to combat the many risk factors that combine to exacerbate the effects of social exclusion (SEU, 2004), although these factors are extremely complex and problematic. Thus, a comprehension of the consequences of living in a socially and economically deprived area necessitates the involvement and contribution of the very individuals who reside within them, to determine their perceptions and particular needs. The problem with social exclusion is engaging the hardest to reach populations and those experiencing greatest hardship or in greatest need (SEU, 2004). This is clearly illustrated in the Wear Valley SAZ, as although projects have effectively empowered pockets of the local community by contributing to the development of skills and attributes required for effective citizenship (such as

communication skills, leadership skills, self-belief and self-worth), social exclusion is still manifest. For example, over a three year period, just 50% of the Walking the Way to Health participants resided in an area of deprivation, in accordance with the index of multiple deprivation. Thus, although the geographical placement of a project is clearly important, its success in terms of attracting a particular clientele is dependant on additional factors.

The remit of SAZs was to target areas of social and economic deprivation. Subsequently, projects such as Walking the Way to Health need to emphasise the recruitment of individuals who are at a greater risk of social exclusion due to their place of abode. That is not to say that everyone who lives in a deprived area is actually 'deprived', but that they are more susceptible to the risk factors associated with social exclusion. The problem from a SAZ perspective was that the majority of funding for the aforementioned project was provided by the British Heart Foundation and the Countryside Agency, both of which had their own particular remits and targets to achieve. Thus, the aims and objectives of these identified organisations assumed greater significance than the aims and objectives of the SAZ subsequent to the need for future funding. This served to minimise the degree of SAZ control over the project. Consequently, the advancement of social inclusion through sport and physical activities was inhibited, as this was no longer perceived as the main priority, taking second place to the numbers participating.

Within the walking project, the notion of inclusion was centred on maximising the number of individuals engaged, irrespective of their deprivation status. Although the project was geographically located within targeted areas of Wear Valley, little attempt

was made to specifically target the most socially excluded within these areas. From a SAZ perspective, the exact areas of deprivation within Wear Valley need to be identified and subsequently targeted more effectively. It is pertinent to remember that the PAT 10 Report (PAT 10, 1999) discussed the significant contribution that sport and physical activity could make to social inclusion by positively impacting upon the related issues of health, education, crime and regeneration. This belief is further supported by the findings of Farrell and Shields (2002) and Sandford et al. (2006) who claim that physical activity can, to a certain degree, facilitate personal and social development in some young people and circumstances. This highlights the importance of determining the context and mechanisms responsible for such personal development and change, as suggested in Realistic Evaluation (a theory-oriented approach to the evaluation of complex interventions) (Pawson and Tilley, 1997; 1998; Pawson, 2002; 2003). Furthermore, future initiatives must be aware of the possible impact of potential partnerships and funding agencies as these could prove to be unexpectedly debilitating.

With regard to the Community Physical Activity Coordinators project, there is potential to engage with a significant number of young people within the district. However, for the duration of the evaluation there were effectively four coordinators to cover a population of 7,429 young people under the age of 20. This equates to 12% of the total Wear Valley population. This is even more problematic given the increased susceptibility to risk factors and subsequent effects of deprivation and social exclusion that these individuals are likely to experience as a consequence of their area of residence. Indeed, this was a key point raised during the focus groups, with several young people highlighting the importance of the CPAC sessions in terms of keeping

the young people out of trouble and facilitating positive attitude and behaviour change. As an example, the interview data suggested that the establishment of the inter-ward leagues helped with issues of social cohesion, using the commonality of football to minimise the conflict between areas.

The young population of Crook and Woodhouse Close account for 75% of the 7,429 young people across the four target wards, equating to a ratio of one CPAC to every 2,500 young people in these two areas. Therefore, it is wholly unrealistic to expect the coordinators to engage with every young person below the age of 20 and thus, whilst resources remain limited, the impact of the SAZ on social inclusion will be minimal. Indeed, a large percentage of young people are excluded as a result of inadequate resources. Furthermore, these may well be the young people who would benefit the most from engagement and this may serve to further exacerbate the effects of social exclusion amongst those with the most severe risk factors.

Additional resources are also required in order to extend participant opportunities above and beyond young people. For example, in Willington and Tow Law the CPAC project engages with those aged 50 plus. The comparatively rural nature of the area, fewer inhabitants, and a smaller number of young people to coordinator ratio, presents a more favourable opportunity to engage with additional groups within the community. This fails to occur in other areas because of a lack of resources and a greater young people to coordinator ratio. It is yet another example of how additional CPACs would contribute to social inclusion. Furthermore, employment of local people as coordinators is a potential means of easing the problems of social exclusion as employment helps reduce financial burdens, facilitates empowerment, and

increases opportunities to participate more fully in community life and social activities. In addition, it contributes to a better quality of life and increased access to health enhancing activities, ultimately facilitating active citizenship and social cohesion.

Inclusion can also be affected by complacency, and the CPAC project can be used as a prime example of this. The project was deemed a great success from a SAZ perspective as there were over 79,000 recorded visits to the CPAC sessions over the initial three year period. However, it was impossible to determine individual participant numbers as the project failed to collect the necessary information to ascertain this. This was due to a participant reluctance to provide such information to higher authorities. As a consequence, frequency of participation encouraged the project coordinators to become somewhat complacent. Instead of considering new mechanisms to attract additional participants, and in particular those with the most risk factors for social exclusion, they continued to offer the same activities and tasks as previously provided. This was partly a consequence of limited resources and thus, project development was somewhat restricted. The project coordinator himself described the need for new and innovative monthly targets in order to ensure the project could advance rather than simply plateau. Thus, despite the excellent number of recorded visits, engagement of the socially excluded remains one of the greatest challenges of the SAZ to date.

In addition to the inadequate collation of individual participant information, data collection was also ineffective with regard to determining participants' areas of residence in relation to areas of deprivation. The main reason behind the inability to

collate such information was again the reluctance of the participants to disclose their address for an unknown fear of what the data might be used for. A number of participants had been in trouble with the police and were therefore apprehensive about providing such information. The focus groups highlighted the young people's lack of trust and disapproval of the police. There was a clear feeling of unwarranted victimisation, and it was feared that the disclosure of such information would only serve to exacerbate the situation. As a consequence of this information shortfall, it was impossible to determine the extent to which the areas of deprivation were being targeted effectively. Thus, future research would benefit greatly from securing this kind of information to ensure social exclusion targets are being hit effectively.

As discussed, social exclusion is associated with risk factors that have ensuing negative implications (Bourdieu and Passerson, 1977; Roberts and Brodie, 1992; Kew, 1997; SEU, 2001; Collins, 2003; Field, 2003; SEU, 2004; Green et al., 2005; Youth Justice Board, 2005; Sandford et al., 2006). Positive Futures endeavoured to address these risk factors through the provision of diversionary activities for young people aged eight to 19 with a high number of referrals, thereby minimising the negative implications they were exposed to. Risk factors have been categorised as pertaining to the individual, school, community and family (McCarthy et al., 2004). Thus, diversionary activities attempt to address such issues as delinquency amongst peer groups, early problem behaviour, exclusion from or poor attendance at school, low academic expectations, community violence and disorganisation, family instability, lack of parental involvement, and history of high risk behaviours (McCarthy et al., 2004). Initially, Positive Futures' targets called for increased education, encouragement of parental and/or peer involvement, and training provision

with the potential to attain sporting qualifications. A strong emphasis was placed on development of skills and attributes that would be relevant in other aspects of life such as self-esteem, confidence, self-efficacy, leadership, and organisational skills. It was hypothesised that the success of the project would depend on the achievement of the aforementioned objectives, in order that the risk factors associated with criminal and antisocial behaviour were suppressed, or even better eradicated, increasing social cohesion, and diminishing the propensity to commit crime. Consequently, reductions in actual crime and antisocial behaviour and the fear of it would ensue, along with enhanced perceptions of community safety. The interviews highlighted the impact that the project has had upon participant attitude and behaviour. For example, one young person expressed a new found sense of responsibility and respect for others. There were numerous accounts of behaviour improvements as a result of engaging with the Positive Futures' activities. Further, there was an overriding consensus of opinion amongst the young people that they would have been wandering the streets looking for entertainment, subsequently getting into trouble if the opportunity to participate in the activities had not been present. Nevertheless, there will undoubtedly be individuals (involved in crime and anti-social behaviour) for whom sport and physical activity is not desirable and does not act as a 'hook' to divert them from their current behaviours. Thus, the question remains; how does one engage with these individuals in order that they desist from offending? This provides an example of why sport and physical activity cannot single-handedly eradicate the factors associated with social exclusion.

Empowerment is a part of the ethos of Positive Futures. Indeed, one young person identified how he had a choice in terms of the activities he wanted to participate in

and that he felt able to voice his opinion. This seemed to promote a sense of respect for the leaders, thereby facilitating their behaviour in terms of adhering to the rules. However, despite the identified project targets, after three years of evaluation, the project failed to evidence any attempt at parental or carer involvement. Thus, although a number of risk factors may have been curtailed, the project was unable to eradicate a key risk factor, as it was unable to verify whether one of the most influential aspects of a young person's life (parental attitude and behaviour) was facilitative of what the project was trying to achieve. One of the CPAC interviewees discussed how if parents show no ambition then neither does their offspring. To substantiate this belief, the Social Exclusion Unit (2004) believes that parental backgrounds are a strong determinant of their offsprings' life chances. Furthermore, factors associated with class are significant in determining physical activity engagement. For example, parents of middle and upper classes are more likely to be involved in sport and physical activity themselves. Therefore, there is a greater chance that an attitude and set of values in favour of participation will be passed on to their offspring (Roberts and Brodie, 1992). Moreover, is that physical activity promotion can be reinforced or undermined by significant others (such as peers or family) (Cale and Harris, 2006), and 'unobservable household 'preferences' play an important role in determining sporting participation' (Farrell and Shields, 2002: 348).

This relationship within families is also evident in the type of employment the majority of young people believed they would engage with. Thus it is possible that the work undertaken by the project coordinator was being undermined by parental or peer attitude and behaviour. Future initiatives must account for this in order to improve the chances of success of enhanced community safety.

With regard to physical and social activity, enhanced perceptions of community safety may bestow a beneficial impact upon the community as a whole. Individuals may acquire greater motivation to engage in community activities, thereby contributing to enhanced social cohesion, and reducing the impacts of social exclusion. Of course, motivation to participate in such activities is still reliant upon an amalgamation of associated mechanisms that are collectively required if any intervention project is to be effective. A good example here is education and ensuing attitude and behaviour change programmes. One may make the environment more conducive to physical activity or social engagement but such activities will not be engaged with if other risk factors and behaviours have themselves not been subject to modification. The more risk factors that are present, the greater the chance of offending (Campbell and Harrington, 2000; Youth Justice Board, 2004) and this is aggravated by the increased predisposition to risk factors of individuals residing within an area of deprivation (Homel et al., 1999; Farrington, 2002).

The author proposes that a holistic view of social exclusion means that the effects of deprivation impact not only on the individual who experiences it but also on society as a whole. For example, at an individual level there are issues of educational attainment, employment, income, health and crime. This, in turn, impacts upon the economy in the form of economic costs resulting from an unskilled workforce and a reduction in the nation's spending power. Furthermore, society is affected through taxpayer costs with regard to social benefits, school exclusions, hospitals and young offenders. Therefore, it is clear to see why the targeting of communities that suffer from the multitude of inter-related impacts of such exclusion and deprivation is

essential to produce a society in which inclusion is guaranteed and problems are minimal.

As noted at the beginning of this chapter, the PAT 10 Report (1999) emphasises the potential impact of sport and physical activity on social inclusion and its related characteristics, together with its contribution to regeneration and neighbourhood renewal. The Government believes that sport is a fundamental tool in encouraging community involvement and empowerment, and provides a means of positive engagement in relation to community need. Indeed, sport and physical activity can be used to encourage individuals to learn new skills or engage in training which they may have otherwise been reluctant to engage in using a more traditional approach (renewal.net, 2005b). As such, physical activity initiatives should be a major part of regeneration work (DCMS, 1999).

However, it is important to evidence that sport can increase the employability of a community via indirect mechanisms such as training, qualifications, and transferable skills, in addition to direct mechanisms such as employment within the sports sector itself (renewal.net, 2005c). One possible mechanism to help alleviate the effects of social exclusion could be that of the Modern Apprentice scheme. In an interview with the project coordinator, she described her anguish and frustration regarding the limitations of the project. Numerous young people had been identified, some from within projects such as the CPAC programme, which possessed the potential attributes and desires to make an effective modern apprentice. However, the local college demanded a minimal level of educational attainment in order that they were eligible to enrol on the NVQ course, an essential component of the Modern

Apprentices project, but more often than not, the individuals identified failed to meet these requirements due to their poor academic achievement. This only serves to exacerbate the problems of social exclusion as these young people find it difficult, if not impossible to achieve the qualifications and experience needed to enhance future career prospects, and social exclusion becomes a vicious circle that is difficult to escape from. Thus, it could be argued that whilst the Modern Apprentice scheme provides the SAZ with individuals to facilitate the running of numerous projects, it is preventing a reduction in the effects of social exclusion by excluding the very people the project and others are trying to help. This suggests that the potential of the Modern Apprenticeships scheme is inherently flawed.

Often, one of the problems within areas of social and economic deprivation is the lack of sporting provision or infrastructure to facilitate involvement. Consequently, opportunities to develop skills, qualifications, and gain employment are few and far between. However, initiatives such as SAZs provide a means of facilitating educational opportunities as they are situated within the heart of deprived communities and focus on empowerment. Thus, participation may lead to enhanced educational attainment via attitudinal and behavioural adaptation as a consequence of the attributes and skills acquired (renewal.net, 2005b). Furthermore, if empowerment is the key to combating social exclusion then SAZs are potentially an extremely effective mechanism for combating the related issues of health, crime, employment and education via enhanced community involvement. As 56% of the North East population reside within the 20% most deprived wards in England in accordance with the Index of Multiple Deprivation (DTLR, 2000), equating to approximately 1.4 million people, there is considerable potential to lessen the impact of the related

effects of deprivation through the development of additional innovative initiatives in the area with a similar remit to SAZs. However, despite the evidence from the SAZ evaluation, social exclusion remains a relatively new concept and lacks empirical research (Belfiore, 2002). Thus, the effectiveness of intervention initiatives would be better determined if further research was undertaken in this area in relation to the potential impact of sport upon the effects of social exclusion.

As previously discussed, it is suggested (via unsubstantiated claims) that sport and physical activity do have the potential to impact on social exclusion (DCMS, 1999). Indeed, its potential contribution may in fact be relatively greater in areas of social and economic deprivation than in more affluent parts of the country, possibly as a result of variation in motivations. For example, areas of low socioeconomic status respond well to social inclusion interventions, which focus on re-building community capacity via enhanced empowerment and self-esteem (McGregor and McConnachie, 1995; Atkinson, 2000). However, in areas where these issues were never lacking, there may be contradictory facilitators and barriers to participation, thereby demanding different methods of intervention in order to be successful. Thus, interventions must always be targeted at specific communities and determine the particular problems related to that area together with the facilitative and inhibitive physical activity motivators. This again emphasises the importance of context in the development and implementation of an intervention project (Pawson and Tilley, 1997). Therefore, given the high incidence of deprivation (social exclusion) in the north-east of England, and the positive evidence in terms of the requirements for enhanced community involvement, there is support for the placement of initiatives such as the Wear Valley SAZ. Social inclusion is about facilitating opportunities to

have a greater involvement in society and therefore, renewal initiatives should be designed and implemented with the socially underprivileged in mind, as it is these individuals who are suffering exclusion (Belfiore, 2002). Although this is one area that would benefit greatly from supplementary research, one notion that all areas should agree on is that sport and physical activity are part of culture and 'culture is a successful regenerator because it is an end in itself: the activity is inseparable from the achievement' (Biggs, 1996: 62).

5.2.2 Health

It is well documented that physical activity levels across the UK population are at a very low level, with 63% of adult men and 75% of adult women insufficiently active to benefit health (Joint Health Survey Unit, 1999). Furthermore, 30% of boys and 39% of girls fail to achieve the recommended levels of physical activity as prescribed by the Department of Health (2002). In addition, and related to this lack of activity, 22% of males (16 years plus) and 23% of females (16 years plus) were classified as obese in 2003, with a further 43% and 33% respectively overweight, and these figures are rising (DOH, 2006). Thus, it is clear that physical activity is a priority issue with regard to its potential impact on health. Indeed, Blair et al. (1996) argued that physical inactivity was the greatest risk factor in the development of CHD in a country where CHD is the greatest cause of death, with one in four men and one in six women dying from this disease. Potentially, physical activity could contribute to a reduction in death from this disease by as much as 40% given that 36% of male CHD deaths and 38% female deaths are attributed to inactivity (National Heart Forum, In press).

Incidences of CHD and myocardial infarction in the north-east of England are above the national average. Indeed, the Durham Dales PCG, which covers the districts of Wear Valley and Teesdale, have the second highest level of myocardial infarction of all six PCG's in County Durham, and a death rate from this disease that is 47% greater than the national average for those aged between 35 and 64 years (Durham Dales PCT, 2004). One possible mechanism for the heightened health problems could be attributable to the level of deprivation in the area. Deprivation minimises the ability to ensure adequate health requirements such as food, shelter, and meaningful societal integration including involvement in physical activity and sport (McLaren and Bain, 1998; Stronks et al., 1998). Accordingly, this contributes to an increased risk of physical, social and psychological health problems. Stronks et al. (1998) agree that deprived areas have greater behavioural, material and psychological risk factors, one of the reasons why individuals residing within an area of low socioeconomic status have a greater risk of suffering from poor health.

A lack of physical activity participation can be associated with poor socioeconomic status for a number of reasons. This highlights the link between physical activity, social inclusion, and health. For instance, low socioeconomic status is associated with poor educational attainment, diminished employment opportunities, and a reduction in potential income. This may well culminate in diminished access to adequate healthcare and physical activity opportunities (Acheson, 1998; Boggess, 1998; Sparkes, 1999; Alder and Newman, 2002), the latter due to possible problems of cost, transportation, physical infrastructure and vandalism. Furthermore, poor educational attainment may adversely affect the development of an ineffective attitude to physical activity participation and health related behaviours (Wadsworth, 1997). In turn this

could cause illness and injury, further reducing the probability of participation due to a physical inability or lack of motivation. The nature of SAZs implies that they have the potential to contribute positively to social inclusion and therefore a reduction in health-related problems, enhancing physical, social and psychological health.

The lack of physical activity opportunities often evident in areas of high social and economic deprivation is addressed through the implementation of initiatives such as SAZs. In such areas, an identified lack of opportunity and provision can aggravate social exclusion and its related problems via minimising opportunities for community involvement, socialising and psychological stress relief, as well as exacerbating the health issues related to physical inactivity such as CHD, diabetes, osteoporosis and cancer (Pamuk et al., 1998; Stronks et al., 1998). Furthermore, psychological health can be enhanced via mechanisms of self-esteem (Benzeval et al., 1995a; Stroebe and Stroebe, 1995), an attribute frequently lacking in areas of deprivation. Thus, SAZs facilitate the amelioration of health problems by enhancing social inclusion through the provision of physical activity opportunity. However, the problem is engaging individuals who have no desire or inclination to participate, exacerbated by the complex and often interrelated problems from which they suffer.

Prior to the implementation of the Wear Valley SAZ, the baseline data for the target areas illustrated that just 43% of respondents to the household survey admitted to engaging in any kind of activity in the past year, with only 32% doing so in the past four weeks. However, a problem with regard to the quantification of recreational activity is that self-reporting perceptions regarding adequate activity levels may well differ from the activity levels required to benefit health. The Health Education

Authority and Sports Council (1992) substantiate this claim by stating that people's perceptions of their own health are tentative to say the least. Thus, identification of duration, intensity and frequency is required to provide accurate and reliable data that can be the basis for comparison with future activity levels. Further, 81% did not see a need for the provision of additional activities and this may well reflect the negative physical activity attitudes, perceptions and opinions of the residents within Wear Valley. Indeed, attitude is often an issue with regard to a lack of engagement, motivation and interest in physical activity, as highlighted in the baseline data report.

Within the Wear Valley SAZ, the Walking the Way to Health Project engaged with just 1.5% of the total Wear Valley population over an preliminary three year period. Although the effects on the health of the population will undoubtedly be small, they are nonetheless beneficial. Thus on a larger scale, this project has the potential to impact greatly on the health of the nation, and in particular on areas of deprivation. When questioned about their motivations to walk, participants provided reasons consistent with the WHO's (1958) three components of health in that there were physical, social and psychological reasons for taking part. Interviewees realised the following physical benefits of walking: development and maintenance of general health and fitness levels; strengthening of the heart; promotion of healthy blood pressure; increments in mobility and joint flexibility; and increments in bone strength and stamina. Social benefits were seen as: meeting new people, enjoyment of others company, sharing a common interest with others, development of a sense of belonging, and being part of the community. These all contribute to social cohesion, a precursor for social inclusion and its related effects, and can facilitate the physical impacts of walking as the security of a group enhances individuals' desire to engage.

In terms of psychological impacts, the feel good factor, stress relief, and reduced feelings of depression were all cited as motivations for engagement. These findings corroborate the work of others, who propose that physical, social and psychological factors are all determinants of physical activity engagement and can be both facilitative and debilitating depending upon their context (Bauman et al., 1990; Caspersen and Merritt, 1992; King et al., 1992; McAuley, 1992; Frederick and Ryan, 1993; DuCharme and Brawley, 1995; Nies, 1998; Sallis et al., 2000; Sherwood and Jeffery, 2000; Rees et al., 2001; Booth et al., 2002; Corti and Donovan, 2002; Richter et al., 2002; Seedfeldt et al., 2002; Brunton et al., 2003; Burton et al., 2003; Payne et al., 2003; Jackson et al., 2004c).

Of walking participants, 88% took part only in the 'Ton-Up' Challenge, suggesting irregularity of physical activity which is not beneficial to health. However, the analysis of these data is affected by the lack of clarification with regard to additional activities undertaken in the participants' daily life. Hence, without such data it is impossible to infer whether or not an individual is achieving the recommended levels of physical activity to benefit health. Of those interviewed, 72% reported their health as good or very good. Whilst this is representative of a very small proportion of the Wear Valley population, it is acknowledged that the health problems experienced by communities in the north-east of England are greater than the national average (Sport England, 2004). Therefore, although self-perceptions are extremely unreliable due to their subjectivity, the individuals interviewed may not have been representative of socially deprived individuals, as it is those living in areas of social exclusion that are more likely to be subjected to adverse health conditions (Fox, 1989; Blaxter, 1990; Link and Phelan, 1995; Stronks et al., 1998). The latter of the two problems would

suggest that the Walking the Way to Health project was failing to target or attract individuals from the desired SAZ areas of social and economic deprivation, and could therefore be considered ineffective.

With regard to the CPAC project, there was an opportunity to engage with up to 7,429 young people across the four targeted areas within the district of Wear Valley. Therefore, there is the potential to significantly impact upon the health behaviour of young people, and the maintenance of good health into adult life and of future generations. For a number of young people within these deprived areas, initiatives such as the CPAC project may be among the best mechanisms for education. This project in particular has been successful at engaging with those who have been excluded from school or who did not attend school on a regular basis. Therefore, via the means of physical activity and related educational sessions, the project is able to produce a significant impact upon the health (social, physical and psychological) of these troubled young people. However, limited resources thwarted this impact as the CPAC to young person ratio was too great to maximise effectiveness.

There was a significant lack of female participation, as girls represented only 22% of total CPAC participants. This is of particular concern given the recent evidence to suggest that the trend for female participation is changing. Indeed, Flintoff and Scraton (2001) found that young women not only enjoyed physical activity but were making active choices to participate both in and out of the school setting. Moreover, Sport England's survey of young people undertaken in 1999 found that 85% of girls aged between 6 and 16 take part in regular sport outside of school (Sport England, 2003c), the target age group for the CPAC project in particular. It is suggested that

the local context (and in particular the factors associated with socioeconomic deprivation and social exclusion) has had a considerable impact upon female participation within the SAZ. Moreover, Flintoff and Scraton, (2001) suggest this as a possibility, and the findings of this study confirm the need for further research on female participation trends in areas of socioeconomic deprivation. The casual mechanisms for change may be extremely different from those found in areas of greater socioeconomic status.

This low female participation in physical activities may contribute to the high prevalence of teenage pregnancies in the north-east of England, and areas of deprivation in particular (Miller et al., 1998; Sabo et al., 1998; Miller et al., 1999; Erkut and Tracy, 2000; Pate et al., 2000; Miller et al., 2002; Women's Sports Foundation, 2004). Initiatives like the SAZ can be used as an alternative to school education in relation to such issues. Indeed, the CPAC project incorporated sex education into their scheduled activity sessions as a means of furthering education and contributing to behaviour modification.

Furthermore, limited participation has serious implications for health, and could explain why girls are more prone to obesity than their male counterparts (YWCA, 2001). However, this fails to explain why adult men have a higher risk of death from CHD (British Heart Foundation, 2002). Perhaps males of a low socioeconomic status are more prone to engage in a combination of health risk behaviours than females, such as smoking and drinking (Benzeval et al., 1995a). Indeed, observations of the CPAC sessions highlighted the prevalence of smoking as a habitual activity for a majority of the young male participants. The interviews and focus groups also

evidenced a liking for alcohol consumption and drug use (cannabis) as a spare time activity and a means of entertainment and relaxation. There were no reservations about using these drugs, they were simply perceived as a means of 'getting you through the day'. Interestingly, interviewees spoke extremely derogatorily of those known within their communities for being 'druggies' or criminals suggesting that alcohol, cannabis and nicotine use had been normalised amongst young people within their locality and are not perceived as 'real drugs'. Further substantive research in this area would be extremely beneficial for the design of future interventions.

In areas of deprivation, inactivity may well contribute to illness and disease, diminishing an individual's ability to work, reducing their income and ability to spend, and thereby aggravating the effects of social exclusion (Stronks et al., 1998). In turn, such effects may lead to an exacerbation of physical, social and psychological health problems which means the problem becomes a vicious circle. Furthermore, a lack of educational resources to prevent or ameliorate such problems contributes to a continuous cycle of negative health-related behaviours. This enforces the need for a multifaceted approach to intervention schemes in deprived areas, in which a number of inter-related issues require joint consideration (SEU, 2001; 2004). A good example of joint working in this area is how to lead a healthy lifestyle with particular regard to physical activity and nutrition. There should perhaps be a more effective link between physical activity interventions and the need for a healthy diet in order to further enhance the positive outcomes of increased activity. Professional athletes receive advice and guidance on the best foods to eat to enhance performance and it can be argued that this right should also be bestowed upon the general public with regard to what should be eaten to enhance and maintain optimum health. The

provision of adequate knowledge in order that individuals can make an informed choice is becoming much more widespread with the concept of food labelling in supermarkets, and the potential revolution of school meals as a consequence of research on nutrition, behaviour and educational performance. However, this information will only prove facilitative if the culture and attitude within society is one that is pro health behaviour, and this is an issue of attitude modification, particularly amongst deprived communities where educational attainment is usually poor. Indeed, the Department of Health (2005) agree that one of the key factors in increasing physical activity is effectively influencing attitudes so that decisions made will positively contribute to health. This is relative to all aspects of health, including the need for a healthy diet.

One of the important requirements with regard to health is the need for more robust data. Thus, research would benefit from more longitudinal studies to illustrate the correlations and changes over time in CHD and other inactivity-related diseases as a consequence of the implementation of physical activity initiatives. Such modifications should be looked at from not only a physical perspective but also a social and psychological point of view, as the three components are inter-related in the definition of health (WHO, 1958). Individuals with health problems should be identified and tracked to determine any physical changes in addition to their thoughts and feelings regarding the impact of physical activity. Once determined, attempts to modify attitudes can begin through the process of education.

Wadsworth (1997) discovered that the greater the education, the greater the likelihood of engaging in adequate exercise. Indeed, it is thought that physical activity

interventions that are accompanied by an educational element will be facilitative of positive behaviour change (Zimbardo et al., 1997). Thus, education shall be the topic for subsequent discussion as a mechanism that is related not only to health but numerous other facets of social exclusion (Acheson, 1998; Sparkes, 1999; Alder and Newman, 2002; Bailey et al., 2003; renewal.net, 2005b), although the evidence base for such assertions is somewhat sparse.

5.2.3 Education and Lifelong Learning

Research has evidenced that poor education is one of the major contributing factors of social exclusion (renewal.net, 2005b). Furthermore, poor educational attainment is associated with low physical activity levels for individuals of all ages (HEA and Sports Council, 1992). Thus, this suggests that individuals who reside in an area of social and economic deprivation are more likely to suffer from poor education (Acheson, 1998; Sparkes, 1999) and are also less likely to engage in adequate physical activity to benefit health. However, physical activity has been recognised as an excellent tool to promote education (Scully et al., 1998), both in and out of the school setting through the development of personal and social skills and attributes that will facilitate an individual's everyday life (renewal.net, 2005b). The development of leadership skills, mediation skills, self-control, self-efficacy, confidence, trust, social cohesion, time management and organisational skills are just a few examples of the positive contribution physical activity and sport can make.

Chapter four highlighted the educational opinions and achievements of those young people who participated in the CPAC and Positive Futures projects. On the whole, educational attainment was fairly low with few obtaining grades A-C, and there was

even evidence of individuals dropping out of school prior to the completion of their GCSEs. However, most identified with at least one subject that they found interesting and proposed that it was the teachers' treatment of them that provoked their dislike for school rather than the actual process of learning. One of the more favoured subjects was PE (mainly the practical elements) or the opportunities that school allowed them to engage in physical activities. Therefore SAZs have the potential to engage positively with those individuals who have disengaged with school and provide an alternative mechanism for learning and development.

The importance attributed to sport as an educational tool is illustrated in the PE, School Sport and Club Links Strategy (PESSCL), launched in October 2002 (DfES/DCMS, 2003). PESSCL provides a series of sporting programmes that aim to maximise the benefits of sport and physical activity for all young people and exemplifies the notions of physical activity and education as reciprocal concepts, whereby physical activity can impact upon educational attainment just as educational experiences can impact upon physical activity and sporting uptake. Therefore, the importance of early physical activity experiences must not be underestimated (Kirk, 2004) and these must be positive to promote sustained physical activity participation and enhanced educational attainment. As such, it is important to determine the factors involved in producing a positive experience. This calls for enhanced qualitative research strategies in which individuals within a community are involved in discussions around their personal, sporting and educational experiences. Thus, encouragement of heightened community involvement in strategy development is essential, emphasising the significance of community empowerment in the process of effective physical activity programmes.

Although limited by the lack of empirical evidence, the endorsement of physical activity as a mechanism for enhanced educational attainment (Scully et al., 1998 and renewal.net, 2005b), suggests the inclusion of sporting initiatives within the north-east of England is of particular relevance, since educational attainment is lower in this particular part of England than in the South (Acheson, 1998), along with the levels of relative deprivation (DLTR, 2000; Sport England, 2004b). In addition, family income is normally a factor associated with deprivation and social exclusion and can also impact upon education (Boggess, 1998). Indeed, Bailey et al. (2003) and Bynner and Parsons (1997) discuss the issue that children from adverse family backgrounds are more likely to develop a higher rate of school absenteeism than their more well off counterparts, which in turn contributes to educational deprivation. This is evidenced amongst the CPAC and Positive Futures projects with a number of those interviewed suggesting it to be the norm to truant at least once a week.

Such deprivation accounts for a lack of knowledge impartment and reduces the likelihood that positive health related attitudes and behaviours will be instilled, possibly detracting from motivation to engage in physical activity and sport, and reducing an individual's quality of life, particularly from a physical, social and psychological health perspective. This goes some way to account for the frequent smoke, drink and drug-related behaviours as highlighted by some of the CPAC and Positive Future's interviewees. In contrast, engagement in physical activity as a participant, coach or other can also provide opportunities for individuals to take part in courses that result in a qualification, such as a coaching award. This opens up pathways to employment within the leisure industry and provides an alternative means of education rather than the more traditional school, college and university route.

Again, the CPAC, Positive Futures and in particular the Modern Apprentices projects all provide good examples of how individuals have been presented with opportunities to engage in such courses and have gone on to gain qualifications and even, in some cases, employment.

For those individuals who do attend school in a deprived area, the enjoyment of participation in health related activities may be inhibited by the limited space allocated for such activities. The Acheson Report (1998) found that schools in deprived areas often had less space for effective physical education to be undertaken. Thus, as positive experiences are a precursor for sustained physical activity participation (Kirk, 2004), there is a possibility that any negative experiences may impact adversely on the development of desirable attitudes and ensuing behaviours. There is also a theory that social exclusion serves to augment parental stress and depression, diminishing their interest in, or capacity for involvement in their child's education (Acheson, 1998). Therefore, parents do not always provide the type of role model required to positively manipulate their child's behaviour. This was indicated in a statement made during one of the CPAC focus groups. One young male inferred that if the parents have no ambition in life then the children simply follow suit. Thus, if health related behaviours are not actively encouraged in the home, it may prove more of a challenge to promote such desired behaviours within a different environment, such as school. This may go some way to explain why young people, such as those interviewed, behave in a way that is unacceptable to the school often resulting in their suspension or exclusion. Consequently, physical activity participation (and its related educational derivatives) may suffer as a consequence (Acheson, 1998).

Educational problems can be a contributing factor to antisocial and/or criminal behaviour. In particular, Krohn (1976) suggested that the higher the rate of economic deprivation, the greater the crime rates within that area. Thus, it is possible that a high rate of school absenteeism can increase the probability of becoming involved in criminal activity. Crime will be discussed in more detail below, but it is pertinent to note that initiatives such as the SAZ can divert young people away from potential trouble, and engage them in enjoyable activities that they, to a certain extent, are able to dictate. Projects such as the CPACs and Positive Futures have been particularly effective in doing this and have provided opportunities to engage in educational activities, be it coaching courses, sex education lessons, encouraging individuals to go back to and stay in school, or simply through the attainment of life skills as a result of participation. Indeed, participants themselves have indicated positive changes in attitude and behaviour as a result of participation. The real test will be whether a change in participants' lives will influence the development of their own children in years to come. It is suggested that engagement in projects such as the CPAC and Positive Futures will contribute to the active citizenship and social cohesion of future generations.

Longitudinal studies that identify and follow individuals involved in these projects throughout their lives would be of great educational and research value. It is recommended that a role model programme is developed, in which individuals of high prestige, and particular interest to the participants, are brought in to take occasional sessions. The SAZ should draw on the strengths of the partnership and use its varied contacts to recruit such individuals. Again, through the process of community involvement, the role models should reflect the interests of the individuals within a

particular area and therefore be useful as a motivational aid. Payne et al. (2003) recognise that the presence of positive role models can indeed evoke individual behaviour change. Indeed, participants of the Positive Futures project discuss their desire to have additional coaching from professionals. However, the significance of role models appears to lie in their relationship with, and proximity to young people, rather than their status per se (Payne et al., 2003; Vescio et al., 2005). Thus, 'status' role models may provide short-term excitement and motivation but they must be part of a long-term and sustainable role model programme, with an emphasis on significant others such as family and friends if long-term change is the desired outcome. Furthermore, education is an essential component with regard to attitude and behaviour modification (Zimbardo et al., 1997) but is needed in conjunction with other facilitators of change such as an enhanced transport infrastructure and social support (Sallis et al., 1998; 2000; Corti and Donovan, 2002). Thus, the presence of positive role models can be viewed as one of a number of facilitators of change.

A further example of where education would be useful in terms of physical activity participation is with regard to the regularity of exercise amongst the participants of the walking project. Almost half (42%) of all those taking part in the Wear Walking for Health led walks during year one took part in just one walk. Given that health walks, by definition, require regularity, greater emphasis and encouragement is needed to get people walking more often. Individuals may benefit from greater information with regard to the health benefits accrued from regular exercise, especially given the health problems experienced by the district's population. For instance, Wear Valley currently has one of the highest death rates from heart disease in England. Indeed, those living in the Durham Dales have a 47% greater risk of dying from heart disease

than in the rest of the country (Durham Dales PCT, 2004). Furthermore, the psychological benefits of physical activity are equally important and necessary in order for an individual to be deemed 'healthy' in accordance with the WHO's tri-model of what constitutes 'health'. They state that an individual's health is dependent on physical, psychological and social demands (WHO, 1958).

For one SAZ project in particular the key emphasis is on education. It illustrates an alternative and more obvious contribution of SAZs to education. The Modern Apprentices scheme has helped 18 local young people over a three year period successfully complete their apprenticeship and gain qualifications and skills along the way. It was hoped that such attributes would facilitate and enhance future employment opportunities. The project leader stated that the main objective of the project was to ensure that the apprentices were made employable in addition to teaching them the importance of attributing real value to the type of work they have participated in. A local college provided an educational element in the form of an NVQ and provided assistance with attributed costs such as travel. However, although the project has a 100% employment record to date, that only refers to those who successfully completed their apprenticeships. Furthermore, the project appears inherently limited in that it prevents those with a poor educational record (and therefore suffering from one of the inter-related factors of social exclusion) from engaging with it. Thus, whilst it may amplify the notion that enhanced educational attainment facilitates employment prospects, it fails to contribute effectively to social inclusion by placing constraints on a number of local young people who wish to undertake an apprenticeship.

If one considers education (informal as well as formal) to be a prerequisite for knowledge and subsequent understanding, one cannot expect to understand health-related behaviours if one has not been educated about them. This indicates a need to ensure that individuals in areas of deprivation receive such education if any attempt is to be made to slow down and eradicate the effects of social exclusion. School is not always the best or most effective environment for an individual to learn and this must be understood if significant inroads are to be made with regard to the education of young people, and particularly young people from areas of social and economic deprivation. It is these individuals who are most likely to possess a combination of risk factors, and therefore experience heightened problems that stem from the process of social exclusion (Campbell and Harrington, 2000; Youth Justice Board, 2005). This is where inclusion initiatives, such as the SAZ, can be effective as they provide opportunities for local people to engage in social activities and learning experiences in a more informal environment. The project leaders and helpers are recruited from the area in which the SAZ is located, and are therefore able to sympathise and sometimes even empathise with the participants. This facilitates their infiltration and acceptance into such groups. The rules and regulations are not perceived to be strict, something that was highlighted as an important factor by some of the young people during the CPAC and Positive Futures interviews. Furthermore, consultation with those involved is of utmost importance, providing participants with a sense of ownership and motivation to actively engage. This was also highlighted as an important motivational factor during the same group of interviews. Thus, the SAZ can be seen as a different way of engaging with individuals who have a low educational attainment and provide a means of integrating more fully within society to promote active citizenship. The training engaged in and life skills developed serve to enhance

employment prospects along with earning potential, thereby diminishing the effects of social exclusion by reducing the associated risk factors. SAZs could be viewed in a similar vein to vocational courses provided by schools and colleges in that not everyone is academically gifted but it does not mean that they cannot achieve in non-academic related areas.

5.2.4 Community Safety

Community safety can encompass an array of meanings, and to a certain extent incorporates the process of education. It can refer to teaching people to swim and cycle proficiently, providing safe areas for activity engagement, providing a physical infrastructure that will encourage physical activity participation (including a transport infrastructure), but it can also represent the impact of initiatives on criminal and antisocial behaviours. With regard to the last of these, there are numerous hypotheses suggesting that physical activity and sporting initiatives can potentially contribute to community safety in a number of different ways (PAT 10, 1999; renewal.net, 2005a), and it is this that will be the focus of the discussion to follow. However, to date, there is little empirical evidence to substantiate these beliefs (renewal.net, 2005a; Youth Justice Board, 2005).

Nevertheless, despite the apparent lack of research in this area, the Wear Valley SAZ provides evidence that sporting projects can indeed contribute to community safety. The CPAC and Positive Futures projects are both good examples of this. During the period of their operation, the district of Wear Valley experienced a decrease of 5.6% in recorded crime, suggesting that the SAZ could well have contributed significantly to this reduction. However, irrespective of these findings, it must be remembered that

the issue of recorded crime is extremely complex. For example, year one of the SAZ coincided with a 15.9% *decrease* in recorded crime (across the target wards). In contrast, year two was subject to a 12.2% *increase* in recorded crime. Therefore, there must clearly be other factors that influence the rate of crime other than the SAZ. It is difficult to determine the exact contribution of the SAZ, and in particular the Positive Futures and CPAC projects to criminal activity in the area. For instance, it may be that these projects in conjunction with other initiatives contributed to the decline. There is no evidence to suggest that had the SAZ not been established, a reduction in recorded crime would not have been recorded anyway. But as other initiatives failed to be identified, the question remains unanswered and would benefit from further research. Identification and partnership working with additional crime prevention initiatives would be advantageous from the perspective that a variety of agencies can pool their strengths, avoid duplication, and work more effectively toward a common good.

Another problem is that recorded crime is not necessarily a true reflection of *actual* crime, and thus, just because it is not recorded does not mean that it is not happening. Thus, participation in Positive Futures may deter an individual from re-offending, but if the crime was never recorded in the first place, the impact is not so obvious. Furthermore, it is impossible to predict future behaviours. Therefore, if a physical activity project prevents an individual from committing a crime it can be perceived as being a success. In areas of deprivation, the potential to commit crime is greater than in more affluent areas as individuals possess a greater number of risk factors (Krohn, 1976; Fergusson et al., 2004). Hence, the provision of diversionary activities is of even greater importance. Indeed, sporting initiatives are a mechanism for alleviating

the effects of social exclusion through the provision of opportunities to engage in education, obtain qualifications and life skills, and enhance future opportunities for employment.

It is significant to note here that one of the initial concerns, as identified in the baseline data report, was in fact the *fear* of crime from incidences of antisocial behaviour rather than knowledge regarding *actual* crime. However, during year three of the study, changes in police activities meant that antisocial behaviour figures became a low priority. Therefore, problems were encountered in the analysis of such data from a SAZ perspective, and although the data showed a decrement in antisocial behaviour, the figures were only representative of the months August 2005 through to September 2005.

It is proposed that certain individuals are predisposed to antisocial behaviours, the determinants of which can be linked back to the ratio of risk versus protection factors (Farrington, 1996; Fergusson et al., 2004; Youth Justice Board, 2004). Thus, in order to prevent or modify future undesirable behaviours, it is imperative to identify the motives behind such behaviour. This demands qualitative study and an ethnographic approach in which the researcher attempts to uncover an individual's perceptions, attitudes, and motivations. In turn, the development of trust and confidentiality is crucial in order for the troubled individual to enlighten the researcher from their unique perspective. Consequently, a great deal of time in the field is required before such in-depth information can be unearthed, in which observations, interviews and focus groups would be the most appropriate methodologies. It is not enough to simply collate quantitative figures that represent changes in crime.

Change requires interventions that are based on real experiences, attitudes, and motivations behind behaviour. It is assumed that the mechanisms responsible for a reduction in the propensity to commit crime are psychologically located, for instance, increased self-esteem, self-belief and a sense of accomplishment. However, improvements in an individual's economic and social prospects may seem like a more simplistic and effective mechanism. Separating the psychological from the social perpetuates a false dichotomy. Nevertheless, the author suggests that the only way to test effectively whether these changes occur is by getting to know the individuals themselves and undertaking psychological tests and interviews prior to and after engagement in an intervention programme. However, problems may be encountered when attempting to collate information prior to the intervention programme due to the likely hostile and sceptical attitude of the participants. Indeed, Lynch et al. (1997) found that people of a lower socioeconomic status were more resistant to modifying risk behaviour than their more privileged counterparts. It would be beneficial to look at the risk factors and attempt to change these individually. Thus, the greater the number of risk factors that can be inhibited the greater the chance of changing behaviour. Effective mechanisms for collating such data need to be developed. The importance of education can again be highlighted here as an essential component of any attitude and behaviour modification programme.

The majority of the young people that took part in the Positive Futures and CPAC programmes were aged between 12 and 15. However, in order to maximise intervention effectiveness, Vassallo et al. (2002) suggest that they are aimed at children of primary school age as these are the critical years when pathways to antisocial adolescent behaviour are first identifiable. Moreover, it would be pertinent

to target children from 'broken' families or of low socioeconomic status, as they may be more susceptible to the development of antisocial behaviour later on in life due to a greater susceptibility to risk factors (Homel et al., 1999; Farrington, 2002; Fergusson et al., 2004). Kawachi et al. (1999) believe that the existence of crime reflects a poor quality of social relationships amongst citizens, and a lack of social buffers such as community groups. Therefore, the Wear Valley SAZ provides the community with a mechanism to construct effective relationships, particularly given the emphasis on community empowerment as a method of increasing social cohesion. An example of this can be seen in the CPAC project. When the initial sessions were initiated, relations between the distinct CPAC areas were poor, and fights would often occur between individuals and groups within the different areas. However, the CPAC programme developed a sense of social cohesion through the establishment of a local football league. Via the establishment of a commonality in the form of football, the different areas developed a new found respect for each other and the interviews identified an increased harmony between the different localities.

Given the current lack of empirical evidence in this area (renewal.net, 2005a; Youth Justice Board, 2005), further research and substantive evidence regarding the impact of physical activity and sporting initiatives on the propensity to commit crime would be extremely beneficial in the development and implementation of future diversionary projects.

5.3 Lessons learnt and Issues for Further Deliberation

The Wear Valley SAZ has provided an in-depth insight into the potential impact of physical activity initiatives in areas of social and economic deprivation. In particular,

these issues have centred on the concepts and key SAZ themes of social inclusion, regeneration, health, crime and education. Sport and physical activity clearly do have the potential to contribute to social inclusion and its related issues. However, the aforementioned issues demand prior consideration as does the identification of physical activity determinants if the effectiveness of the initiative is to be maximised. The evaluation of the Wear Valley SAZ raised the issues of attitude, empowerment, education, and sustainability as essential components to the success of the project and indeed the success of future social inclusion initiatives. It is important that other potential initiatives focusing on areas of deprivation carefully consider these issues and their implications if success is to be widespread, and the Government proved correct in their assumption that sport and physical activity do indeed have the potential to minimise the effects of social exclusion (PAT 10, 1999).

5.3.1 Determinants of Physical Activity

In order for a physical activity intervention programme to be effective, it is essential that the motivations for people's behaviour (whether they are positively or negatively correlated with physical activity) are determined prior to the intervention's implementation. This, however, suggests that sport only works as a vehicle for achieving a range of social goals among people when they are already positively predisposed towards sport and physical activity, and ultimately questions the potential of SAZs. Nevertheless, the observations, interviews, open-ended questionnaires, and focus groups employed in this study provided the basis for a comprehensive insight into why individuals thought and behaved in the way they did, and offered a valuable insight into the motivations of individuals residing within an area of socioeconomic deprivation in relation to physical activity participation.

Having identified the SAZ projects under evaluation, it is clear to see that participants attributed physical, social and psychological factors as important determinants in engagement. Indeed, amongst the Walking the Way to Health participants, the most frequently cited reasons for participation were the enjoyment factor, the company and the all round exercise. Other factors included: the production of a feel-good factor; engagement gets individuals out of the house; the opportunity to go on different walks and visit new areas; to meet new people; for the security and sense of identity provided by the group; a mechanism for stress reduction; development and maintenance of fitness; strengthening of the heart; and increments to mobility and joint flexibility. However, when interviewed, the individuals were simply asked what their reasons for participation were, not what their initial motives for engagement were or their reasons for sustained participation. Thus, it is clear that more in-depth research into these determinants would be beneficial, as would determining the differences between the internal and external motivations of different sex and age groups, as the results suggest that such differences exist given the majority of walkers were female, aged 45 plus.

The Walking the Way to Health co-ordinator stated that, 'a lot of people are shy to come forward for the first time, unless they have someone to come with. Also, husbands won't go without wives and if one can't go then both don't go.' Of all walking participants, 88% took part in just the 'Ton-Up' Challenge suggesting that a challenging activity is important in sustaining participation. Whether this had strong correlations with age or sex was not determined but would be recommended in future research.

With regard to the CPAC and Positive Futures sessions, the young people involved highlighted the importance of having something exciting to do, something other than wandering the streets. They discussed the fact that engagement in physical activities kept them out of trouble with others in their neighbourhood, and the police. It gave them a purpose in life, particularly given the opportunity to gain qualifications. They spoke highly of the activities which they perceived themselves to be good at, therefore emphasising the importance of the projects in terms of self-efficacy development. However, the focus groups carried out during the CPAC sessions were male dominated as it proved difficult to engage with females. Although the focus groups were representative of the CPAC groups (which were male dominated), this simply emphasises the problem that young girls are not engaging in physical activity. Indeed, over a three year period, only 22% of all those attending sessions were female. These findings are in stark contrast to Sport England's survey of young people undertaken in 1999, which found that 85% of girls (in comparison to 89% of boys) aged between 6 and 16 take part in regular sport outside of school (Sport England, 2003c). This suggests that the local context in relation to socioeconomic deprivation is crucial in promoting physical activity amongst socially excluded young females. Even the provision of female only sessions failed to attract the number of females that they had anticipated. Although this is a disturbing statistic given that 54% of the Wear Valley population are female, it is not unexpected as others have found that the provision of female-oriented activities is not enough to encourage participation (Rowe and Campion, 2000). It is suggested that this is due to the evolution of 'genderless' leisure activities (Roberts, 1999) and move towards female involvement in activities that were previously dominated by males (Green et al., 2005). Hence, activities need to be relevant to those targeted if participation is to become a lifelong habit (Green,

2002). Nevertheless, it is important that we determine the reasons for the lack of female representation in order to implement effective intervention modifications and sustain healthy behaviours into adult life. Moreover, sustainable behaviour change requires that the determinants of physical activity be considered within a particular context, and from an ecological perspective that focuses on the multiple factors (intrapersonal, interpersonal and environmental) that influence behaviour (Cale and Harris, 2006). Indeed, Green (2002) concurs that determinants should be considered from a sociological rather than a purely psychological perspective.

The difficulties lie with the need to consult with the unengaged. Accordingly, given that female participation is not only a local problem but a national issue (Roberts and Brodie, 1992; Trew et al., 1999; Farrell and Shields, 2002; Green, 2002; Green et al., 2005; Skille and Waddington, 2006), this demands a need for greater research in this particular area. It appears that a new and innovative approach is required, in which empowerment should be an essential component.

The above findings illustrate the importance of undertaking more in-depth research regarding physical activity determinants in order to ensure the implementation of effective interventions and subsequent sustainability of future physical activity. It is also important to determine the motivations not only for participants but also for those who prefer involvement as a volunteer, coach or leader.

In order to address the issue of a lack of physical activity participation across the UK and within the north-east of England in particular, it is imperative to determine the reasons why individuals do or do not engage in physical activities, young and old, rich

and poor. Indeed, Sallis et al. (2000) suggest that a greater understanding of physical activity determinant categories (individual, social and environmental) is required in order to develop more effective interventions. Identification of these motivators and barriers will facilitate attempts to minimise the inhibitors and enhance motivation to increase the rate and intensity of exercise. The author suggests that education is the key to addressing the issues related to physical activity participation such as health, crime, social exclusion, attitude, behaviour and culture, and this study goes some way to illustrate this.

Different authorities have a responsibility to educate the population about physical activity and healthy living with regard to the physical, social and psychological implications. Such authorities include the Government, local authorities, schools, the media, food outlets and parents. However, it is suggested that the root of the problem is not the need to formally educate, as health-related behaviour *is* understood by the majority of young people, but that the desire for social acceptance and experimentation simply assumes greater importance. For a variety of reasons, some of which have been discussed elsewhere in this chapter, many individuals do not possess positive attitudes toward physical activity and health-related behaviours. Thus, such attitudes may prompt a resistance to change which may be extremely difficult to overcome (Lynch et al., 1997). Therefore, changing behaviour is a long-term process, as it is a change in the attitude of individuals, communities and our society as a whole that is required to effect such a major modification in behaviour. Given that the Wear Valley SAZ has the potential to affect just under 2.5% of the total North East population, the UK will need to increase the number of interventions it implements if it is to undergo the extensive behaviour modification required to impact

significantly on the Government's physical activity and health targets and achieve the objective of ensuring that 70% of the UK population become adequately active to benefit health. Table 9 summarises potential determinants of physical activity and provides examples from the Wear Valley SAZ of where these determinants have acted as a facilitator or an inhibitor, highlighting areas of good practice and areas that require further deliberation. Ideally, all determinants listed would act as facilitators, something that future initiatives must strive to achieve.

Determinant	Reference(s)	SAZ Example (facilitator)	SAZ Example (barrier)
Presence of role model(s)	Payne et al. (2003); Coalter (2004); Vescio et al. (2005)	PF – professional coaches MA – local young people act as facilitators on all projects	CPAC – parents as poor role models due to a lack of ambition
Targeted interventions	Sport England (2004a); Jackson et al. (2005)		WHI – conflicting interests/targets of partnership organisations
Socioeconomic status	Bauman et al. (1990); Caspersen and Merritt, (1992); King et al., (1992); Droomers et al. (2001); Parks et al. (2003); Lee et al. (2007)	SAZ acts as a way to overcome the barriers experienced by social and economically deprived communities	SAZ - Lack of opportunities due to combination of education, health, crime and social inclusion related factors
Motivations	Frederick and Ryan (1993); Sherwood and Jeffery (2000); Kilpatrick et al. (2005)	PF/CPAC/WHI – type of activity determined by age and sex factors. Empowerment is important in effectiveness of provision	
Strength of self-efficacy	DuCharme and Brawley (1995); Hagger et al. (2001); Burton et al. (2003); Jackson et al., (2005); Sniehotta et al. (2005)	PF/CPAC – participants spoke of their desire/motivation to engage in activities they felt they were good at/successful in	
Presence of social, educational and environmental support	McAuley (1992); Sallis et al. (1998); Rees et al. (2001); Nies et al. (1998); Brunton et al. (2003); Jackson et al. (2005)	PF/CPAC/WHI – one of the main reasons for taking part is to maintain social relations. Education provided as part of the projects (sex education for example). Use of existing facilities made. Participation was mostly free of charge.	CPAC/PF – lack of support from parents/peers can be debilitating
Exposure to cognitive training	Sallis et al. (2000)		CPAC/WHI – need to increase awareness of activities available to the unengaged to maximise potential impact on health, crime, education and social inclusion.
Cost of participation	Jackson et al. (2005)	PF/CPAC/WHI/MA – very little (if any) cost to the participants	WHI/CPAC – cost in terms of transport getting to the relevant venue.
Time	Jackson et al. (2005)	PF/CPAC – activities put on outside of school/work hours and during school holidays to maximise participation and act as a diversion from antisocial behaviour	WHI – only those who were retired or unemployed able to access the midweek daytime walks
Childcare opportunities	Richter et al. (2002)		CPAC – high incidence of teenage pregnancy in the North East is a potential reason for the lack of female participation
Safety issues	Rees et al. (2001); Booth et al. (2002); Brunton et al. (2003)	WHI – participants feel safe walking in groups in areas they would not like to walk around alone	SAZ – Fear of safety highlighted as one of the initial main worries with regard to engaging in physical activities
Rural versus Urban areas	Rees et al. (2001); Brunton et al. (2003)	WHI – walking is an activity which can be undertaken in both rural and urban areas	CPAC – demand exceeds supply. Inadequate ratio of CPACs young people in the area
Age	Sherwood and Jeffery (2000)	WHI – older females accounted for the majority of participants which is encouraging given the reduction with age in female physical activity participation MA – opportunity for young people to engage in leisure related apprenticeship enhancing employment prospects	CPAC – approximately 22% of participants over three years were female. This suggests a problem with regard to the engagement of young females in physical activity

Table 9. Determinants of Physical Activity

While there are an unlimited number of facilitators and barriers to physical activity engagement, and the lists above are by no means exhaustive, not all determinants are related to the long-term maintenance of physical activity (Sallis and Howell, 1990; Dishman and Sallis, 1994). However, although it could be argued that sport itself may become the motivation, it is these very motivations that should receive most attention because without sufficient motivation to continue, there is little point in intervening at all. In order for sport and physical activity to impact positively upon social inclusion, health, crime, regeneration, and education, it is imperative that intervention programmes are sustainable. Thus, it would appear that physical activity determinants can be categorised under an array of different headings and further research would be of benefit to determine the differences between levels of social exclusion, different age groups, sex, and stages of physical activity uptake. As with the stages of change theory (Prochaska and DiClemente, 1992), interventions need to be tailored to different needs and these will vary between individuals and communities. Thus, a clearer understanding of such determinants will facilitate more effective intervention development.

5.3.2 Attitudes, Empowerment and Sustainability of Sport Action Zones

Together with education, the notions of attitude, empowerment and sustainability are perceived to be the key concepts in determining the success of the Wear Valley SAZ. All are important issues that require the consideration of any organisation intending to implement similar physical activity initiatives in areas of socioeconomic deprivation. Education has already been addressed within this chapter, as it constituted one of the key SAZ themes. Consequently, it was pertinent to discuss this issue amongst its related themes and therefore, although identified as a key determining factor, the

justification for this has already been explored. Thus, the second of the determinants to be considered is the notion of attitude.

Attitudes are directed toward an object or situation. Thus, an individual will possess an attitude toward physical activity engagement. The problem with attitudes is that they contain affective, cognitive and behavioural components that are enduring and therefore difficult to change (Zimbardo et al., 1977). However, they also have to be learned, and therefore, although they may be *difficult* to change they are in fact *open* to change. Numerous factors combine throughout life to produce a positive or negative attitude toward physical activity. Indeed, it is thought that boys and girls develop different attitudes toward physical activity very early on in their lives (Sport England, 2000). Hence, positive early experiences are important in order to contribute to positive health-related attitudes and behaviours (Kew, 1997; Green, 2002; Kirk, 2004). However, those working within the SAZ will be subject to a range of differing attitudes as they are placed into communities in which attitudes will already be well established. Thus, one of the major challenges, especially in areas of low socioeconomic status, will be changing negative attitudes (Lynch et al., 1997) as a combination of factors associated with social exclusion will have contributed to the lack of engagement in physical and social activities.

It is perhaps unrealistic to believe that young people, such as those who participate in the Positive Futures project, will automatically reject their former lives given their penchant toward criminal activities. They may be diverted away from trouble for the period of participation, but once the activity sessions are over it is feasible that the individuals will simply return to the streets again. Hence, interventions need to

consider the wider social context of the individual if they are to stand any chance of avoiding this (Sandford et al., 2006). The Home Office (1999) maintains that youth crime is a widespread problem, with 25% of males and 15% of females aged 12-17 admitting to having committed at least one offence in the previous 12 months. Moreover, approximately 50% of these offenders committed persistent and/or serious offences (Home Office, 1999). However, it has been suggested by Laub et al. (1998) that it is possible for individuals with a proclivity for criminal or antisocial activity to desist from such pursuits, and the mechanism for doing so appears to be related to the gradual and cumulative development of positive social and societal bonds. Thus, perhaps individuals who persist with their participation in diversionary initiatives, such as Positive Futures, will eventually experience positive behaviour modification. Coalter et al. (2000) emphasised the need for interventions to be long-term solutions rather than a short-term fix. However, this is an area in which empirical research is lacking (Laub et al., 1998 Coalter et al., 2000; Long and Sanderson, 2001; Morris et al., 2003) and thus, such hypotheses demand further investigation to provide additional justification for the continuation of similar projects.

In accordance with Social Learning Theory (Zimbardo et al., 1977), early educational experiences (formal and informal) have a great potential to affect attitude formation, and therefore subsequent behaviour. This has great health implications for future generations, particularly with respect to regular engagement in recommended levels of physical activity. However, socio-economically deprived communities generally suffer from poor educational attainment, and are subject to a multitude of negative factors that emanate from living in an area of social exclusion. Therefore, this array of problems may well increase the difficulties encountered by those working within

SAZs in their attempts to modify attitudes and behaviours, but this is something that *must* be achieved if the attitudes of future generations are to be positively affected.

The Transtheoretical Model of Behaviour Change suggests that there exist five stages to change (Prochaska and DiClemente, 1992). The importance of education can be highlighted here, as cognitive principles of behaviour change are essential if an individual is to progress from the initial pre-contemplation phase to the final maintenance phase (Biddle and Mutrie, 2001). Therefore, it is important to determine the exact stage of change each individual is at in order to tailor interventions appropriately. However, if an individual requires attitude and behaviour change toward physical activity in the first place, this suggests that it may be those who did not engage in activity previously, and will therefore be those hardest to reach and hardest to engage initially. This is where determinants research would be of particular benefit, particularly with regard to the motivations and barriers to initial engagement, and determinants of physical activity amongst socio-economically deprived communities. This highlights the importance of engaging with those hardest to reach, as it is these individuals who require the most change. A greater volume of research needs to be undertaken in this area if initiatives such as SAZs are to be truly successful. Indeed, Adams and White (2003) propose that more research needs to be carried out with regard to the long-term adherence of physical activity as a consequence of behaviour change, as they believe that the Transtheoretical Model of Behaviour Change and associated physical activity interventions are only successful in the short term promotion of physical activity engagement.

Sport and physical activity have the potential to minimise the propensity to commit crime (Coalter et al., 2000; Long and Sanderson, 2001; Morris et al., 2003). This suggests that sport can indeed help modify attitudes and provide young people with an alternative form of excitement, and instil a new found passion and ambition. Collins (2002) and others (Miller et al., 1997; Merton and Parrott, 1999; Coalter et al., 2000; Sandford et al., 2006) suggest that such interventions are most effective when combined with programmes that seek to address the wider personal and social development of the individuals involved. Thus, education is particularly important in promoting physical, social and psychological health of socially disadvantaged communities (Acheson, 1998). Evidence of this personal and social development can be evidenced in projects such as Positive Futures and CPACs, as they provide educational sessions in conjunction with activity sessions, and seek to engage young people's parents and families as a mechanism for additional support. However, this requires greater development if it is to be truly beneficial to the young people involved. The Positive Futures project, in particular, was not successful in engaging with parents of the problematic young people. However, it was the parents who were identified by the young people themselves as key determinants of their behaviour. Furthermore, ensuring a more enduring change in behaviour requires the modification of underlying attitudes (Zimbardo et al., 1977), and thus the involvement of families is necessary here as a means of value reinforcement. It is important to address the underlying risk factors, such as family and peers, which predispose an individual to certain behaviours. Indeed, sport and physical activity are two mechanisms to facilitate the personal and social development of the young person and significant others involved.

The process of empowerment can facilitate the transformation of attitudes via the mechanisms of self-esteem and confidence (Andrews, 2006). Hence, SAZs provide a great opportunity to do this through its ethos of community involvement and emphasis on *people* rather than *buildings* (Sport England, 2003a). Empowerment is a prerequisite for effective citizenship, something that is often lacking amongst communities of low socioeconomic status, and thus people in deprived communities participate less in community activities (Prime et al., 2002). The Wear Valley SAZ attempts to combat this problem by providing activities that meet the needs of local people and demand their involvement on many different levels. Effective citizenship requires individuals to develop the skills, knowledge and self-confidence to create an impact through participation in community issues (Andrews et al., 2006), numerous authors associate sport and physical activity with the development of values, attitudes, and beliefs beneficial to societal integration (Holt, 1989; Mangan, 2000; Sandford et al., 2004). In concurrence, the SAZ provides physical activity opportunities that promote the development of personal and social attributes to facilitate their social capacity, and future employment and earnings potential, thereby contributing to the alleviation of some of the effects of social exclusion.

Just as the process of empowerment can facilitate the transformation of attitudes, attitude modification can also impact upon empowerment. Attitudes can be altered by raising the aspirations of an individual (Katz, 1960) through the provision of real and attainable goals or activities that are of interest. A good example of this is the opportunity to gain coaching, leadership or other qualifications, an option available to participants in the Positive Futures, CPAC and Walking the Way to Health projects. Consequently, the achievement of a coaching qualification should encourage that

individual to socialize with others and use their new found knowledge to help others, thereby contributing to enhanced social capacity.

As with empowerment and attitude, empowerment and education are also reciprocal notions. Participation in community activities can augment opportunities for training and qualifications (Andrews et al., 2006) but similarly, greater educational attainment can increase knowledge, skills and confidence to participate in community activities, and provide individuals with a belief that their input can really make a difference to society. Moreover, Farrell and Shields (2002) found that the greater the number of qualifications an individual has, the greater the likelihood of them participating in physical activity, an issue which is often correlated with social class. Within the SAZ, examples of empowerment are clear in the initiation and running of projects and the type of activities provided, where input from the local community helps to dictate the project outcomes. Involvement facilitates the development of personal and social attributes such as self-esteem, confidence, respect, self-control, and leadership, as evidenced through discussion with the participants themselves, all of which are attributes required for effective citizenship and social cohesion. The SAZ also provides opportunities to engage in training and coaching and can result in the attainment of recognised qualifications.

The SAZ philosophy promotes empowerment through the involvement of local communities in the establishment and running of the projects (Sport England, 2003a). Indeed, participation is an empowering process (Oakley, 1991) and a concept that is evident in many forms across the SAZ. The Walking the Way to Health project provides easily accessible opportunities for health improving physical activity

throughout Wear Valley. Consequently, it was envisaged that walkers would be actively involved in the setting up of health walks in their own communities as well as other social activities such as day trips. The provision of information on suitable walking routes and open expression of ideas were therefore encouraged. Involvement of the local community is therefore of fundamental importance and consequently contributes to one of the many national SAZ policy outcomes. In relation to the creation of an active citizenship, Andrews (2006) discusses the need to build on what is already available. Indeed, this was one of the key concepts of the SAZ ethos, whereby the emphasis was on the involvement of individuals and communities rather than on facility provision. Thus, individuals should be allowed to shape their own futures through their involvement at a local level, facilitating the achievement of their ambitions (Andrews, 2006). It needs to be recognised that, ultimately, it is the people *not* the bricks and mortar that will enable desires to be realized.

Empowerment is not only recognised in terms of participation. The work of volunteers affords individuals the opportunity to contribute to the development in a different way (Coalter, 2000). Indeed, voluntary work can also contribute to social and psychological health in the same way that physical participation can, and these are important factors in the determination of a 'healthy' person. In terms of SAZ volunteers and Walking the Way to Health in particular, the target for the number of walk leaders per year was almost doubled within only the first 8 months of the project's life. Thus, questions need to be asked as to why this target was initially so weak, particularly as regeneration projects such as the SAZ are reliant on volunteers to help sustain the development of the programme. With regard to long term development, the exceeding of this target is extremely positive, as it is very likely that

it will be the volunteers who will help to continue to organise and run the walks once funding for the project ceases. Furthermore, in terms of both the Walking and the CPAC projects, consultation amongst a broader segment of the community is required in order to ensure provision of activities is representative of community need rather than of subgroups within it.

For empowerment to be effective and to help alleviate the issues faced by those socially excluded, it is important to ensure that *all* sectors of the community are given the opportunity to be involved. Thus, this implies that *all* age groups and both sexes should be equally consulted. Adults should not ignore the needs and wants of children and young people and the Home Office (2004) noted their potential valuable contribution to community consultation. There have, however, been problems within the Wear Valley SAZ with regard to the engagement of all sectors of the community, one of the major problems being inadequate resources. Furthermore, from the point of view of the CPAC project, there was a tendency to become complacent with the fact that a lot of young people had engaged within the programme. However, this contributed to a loss of direction, as the programme tended to concentrate on furthering those who were already involved rather than attempting to engage those who were disengaged and potentially the most in need of engagement. The problem with Positive Futures was the restrictive inclusion criteria. This meant that individuals could only be one of the 50 tracked participants if they received a certain number of referrals and possessed the most number of risk factors. However, risk factors should perhaps be graded in terms of their severity rather than in terms of quantity, as some risk factors may be potentially more harmful than others. Similarly, the inclusion criteria within the Modern Apprentices project ensured that individuals

were only accepted on the basis of educational attainment, and is therefore exclusive as those who may in fact make the most effective modern apprentices may be prohibited from this achievement due to their poor education record. Lastly, the Walking the Way to Health project failed to maximise potential empowerment of disadvantaged communities as approximately half of all participants were attracted from areas outside of the targeted areas. Thus, again those most in need are not receiving the help they require.

From the discussion presented above it is suggested that a greater commitment from the Government is required to initiatives such as SAZs, particularly given the potential of empowerment to alleviate the problems faced by individuals who reside within areas of socioeconomic deprivation.

Empowerment can also be linked to the next key SAZ concept, that of sustainability. Maximised local involvement should help to ensure that local needs are met, enhancing feelings of satisfaction amongst communities and thereby promoting sustainability due to an augmented sense of ownership, pride and determination. This concept can be linked to the implementation of numerous initiatives, but in particular those whose emphasis is on physical activity and sport. Empowerment appears to be particularly important during the initial stages of an initiative. Indeed, Kumar (2006) agrees that participation in the development process is crucial if development is to be sustainable.

Sustainability is dependent upon effective citizenship and is therefore reliant upon the process of empowerment as the engagement of local people in local issues contributes

to enhanced community knowledge, skills and confidence (Andrews, 2006). Thus, this provides a basis for the justification of SAZs' implementation, as such initiatives are locally based programmes designed to satisfy the needs of local people, and therefore, by definition requires their involvement. As effective citizenship is often lacking in areas of deprivation, SAZs should be an effective mechanism for developing the concept of sustainable physical activity and related outcomes of health, crime, education, social inclusion and regeneration.

Empowerment is an important means of sustainability and can be achieved through the process of volunteering (Coalter, 2000). Much of the UK sporting infrastructure is reliant on a strong volunteer base, and so it is imperative that initiatives like the SAZ also develop a strong volunteer base if the programme is to become self-sustaining. Recruitment of volunteers was particularly successful with the walking project, with a 133% increase on the number of volunteers initially hoped for. Volunteer involvement motivations within the SAZ were cited as possession of the necessary leadership skills, qualifications, and expertise to carry out the job effectively. Thus, it is important to cultivate these characteristics amongst others, to increase potential involvement. Indeed, volunteers often provide the motivation and encouragement for others to engage, and can therefore become positive role models. Furthermore, sustainability of physical activity can contribute to the sustainability of good health, through physical, psychological and social mechanisms (Department of Health, 2004). This will also serve to reduce the economic burden via reduced costs to the National Health Service. Thus, one of the reasons why community consultation holds so much importance is to determine factors motivating people, young and old, initially to engage in physical activity and maintain their participation rates. What are the

barriers that currently prevent this from occurring? Thus, the community itself features as a key resource in the long-term sustainability of successful schemes.

Further to this, numerous researchers have expressed their thoughts on how projects that provide a contribution to wider aspects of community are more likely to experience sustainability (Miller et al., 1997; Merton and Parrott, 1999; Coalter et al., 2000; Collins, 2002; Sandford et al., 2006). By relating this to the Wear Valley SAZ, there are measures in place that attempt to achieve this all round contribution. However, sustainability relies on these targets being met. For example, the Positive Futures programme established initial targets to provide drugs education, and ensure parental involvement in the project. However, at the time of writing, parental involvement was yet to be recognised, and this has varied implications, some of which have been discussed above. In addition to these targets, all projects evaluated for the purpose of this study provided an opportunity to gain qualifications, and personal and social skills transferable to real life situations. As a consequence, this promoted the process of empowerment, creating sustainable communities, which in turn have the potential to impact upon the factors affecting social exclusion.

Another important consideration is that of the transport infrastructure. The sustainability of such public structures facilitates the sustainability of physical activity, particularly for those living within more rural areas, with less local opportunity to engage. Indeed, Sustrans (2006) recommend that walking and cycle routes, better public transport and educational campaigns will impact positively upon both health and the environment.

One of the principal considerations regarding sustainability is the establishment and maintenance of exit routes. This is essential if young people already engaged are to continue their participation into adulthood. Indeed, as Blake (2004) identifies, there needs to be a progressive and structured programme with suitable exit routes in order to fully reap the benefits of getting young people involved in physical activity. However, this is one area that the SAZ (and the CPAC and Positive Futures projects in particular) has not been very successful at implementing. This should be seen as a priority when discussing future developments. From the point of view of Positive Futures, the important issue to consider is the sustainable participation of young people at risk of offending in diversionary activities. The eventual aim of this participation is the modification of attitude and behaviour via reductions in behavioural risks in order to reduce the propensity to commit acts of criminal or antisocial behaviour. Therefore, exit routes are of even greater importance to individuals like these. It is the sustainability of physical activity, rather than the sustainability of the SAZ, that is the most important factor. The SAZ is just one of the contributing factors to the process.

It has been known for some considerable time that females of all ages participate less than their male counterparts in physical activity and sport (Blackburn, 1993; Asquith et al., 1998; Trew et al., 1999; Loucks et al., 2000; Rutter et al., 1998; Smith, 1995; Green, 2002; Green et al., 2005; Skille and Waddington, 2006). Thus, the issue of sustainability can be much more specific and focused on females in particular. Analysis of CPAC data shows that females account for less than one quarter of all participants during the time monitored. Indeed, these findings are analogous with current physical activity trends. According to the Joint Health Survey's Unit (1998),

by the age of 15 only 36% of girls participate in physical activity of the recommended levels to benefit health, as opposed to 71% of boys. Accordingly, Duncan et al. (2004) suggest that policies aimed at increasing young people's physical activity levels should focus in particular on girls and individuals of a low socioeconomic status. This suggests that young people of both sexes are more susceptible to the adverse effects of deprivation with regard to physical activity and, therefore, may engage in even less physical activity than their more affluent counterparts. This may suggest a difference in physical activity determinants between differing areas of socioeconomic status. More research is recommended in this area to determine the extent of the impact of social exclusion and highlight the differences between sexes. This would help ensure more effective and sustainable interventions in the future.

However, looking at the data from the Walking the Way to Health project, 70% of participants over the three year period were female. Thus, this is positive from the perspective that, on average, females tend to be less active than males. Nevertheless, participation declines with age across both sexes and therefore the importance attributed to male participation should be just as great when considering individuals of an older age, and walking may indeed be a good activity to encourage older generations to increase their activity levels. Indeed, walking is a viable activity for all able-bodied people, and as such may be seen as self-sustaining due to the lack of cost incurred. Therefore, the facilitation of walking schemes' sustainability is mostly reliant on determining the facilitators and barriers to engagement in relation to age, sex and social exclusion.

The reasons for non-participation by females need to be established along with proactive attempts to initiate changes to augment participation. One speculative solution could be to increase the number of female instructors in each area and provide sessions that are completely detached from male dominated sessions. This may help to increase the number of female role models, a notion that is thought to be important in encouraging female participation. Indeed, Mack et al. (2002) found that young females with current role models reported higher self-esteem scores than those without. Another alternative is to increase female knowledge with regard to the physical, social and psychological impacts of physical activity. Perhaps increased participation in community activities would contribute to the prevention of such a high incidence of teenage pregnancies. Further research would be of benefit. The solution to increasing female participation is not a simple one. Rather, it is relative to the context and the particular needs of the female population who reside within it. Thus, female-only community forums and focus groups may help to determine specific needs. Determining the motives behind a lack of engagement will contribute to the development of sustainable female participation.

It is thought that the Modern Apprentices project had a great opportunity to provide the female role models clearly absent from the SAZ initiative. However, all apprentices but one were male and this may go some way to accounting for the low numbers of female participation. However, the fact that 75% of the apprentices over a three year period obtained employment within the leisure industry ensured a positive contribution to sustainability of physical activity opportunities by providing the industry with suitably qualified employees. Furthermore, employment of additional apprentices each year contributes to sustainability by providing the industry with a

continual supply of newly qualified local individuals who can help run similar projects. Indeed, the apprentices will have a greater understanding of working within deprived communities due to their contribution working alongside other SAZ projects. Therefore, this should facilitate additional social inclusion projects by enabling them to draw upon their expertise.

The Walking the Way to Health project in particular experienced a fairly large drop-out rate from year to year, and although new participants were being recruited each year, a large proportion of these only took part over the course of one year and failed to take part again. Therefore, the sustainability of such projects demands further research into why this was the case. However, this should not necessarily be perceived in a negative light. Participants may have dropped out *but* there is no evidence to say that they are not active elsewhere. Thus, drop-outs need to be monitored and follow-up interviews undertaken to determine the extent of exercise post engagement in the project. It may be that initial engagement has worked as a motivator to take part in other activities, and interview data suggest that this is the case.

In conclusion, the above chapter serves to illustrate the contribution that the SAZ has made toward ameliorating the effects of social exclusion and social and economic deprivation across the District of Wear Valley, and highlights the potential contribution that sport and physical activity can make to the nation as a whole if initiatives are implemented effectively. Furthermore, the achievement of the Government's aim to achieve a 70% activity level amongst UK citizens *is* attainable if areas of greatest need are tackled first. This is where the least physical activity takes

place and so this should result in a greater comparative change in activity levels than in less deprived areas of the country. It may be argued that it would be prudent to focus on areas of superior socioeconomic status in order to maintain the elevated levels of activity already evidenced here. Indeed, given the prior discussion around the importance of education with regard to behaviour, it could be argued that the higher class communities may be more responsive due to their advanced educational backgrounds. Nevertheless, the author agrees with the notion put forward by Belfiore (2002) in that as social inclusion is about facilitating opportunities to have a greater involvement in society, it is only right that renewal initiatives are designed and implemented with the socially underprivileged in mind. It is these individuals that suffer exclusion as a result of deprivation and therefore, focussing on the more privileged in society would only serve to widen the already grave inequalities that exist.

CHAPTER 6 - SUMMARY AND RECOMMENDATIONS

6.1 Summary of Findings

The priority of the Wear Valley SAZ was people and community need. Its aim was to establish new and innovative ways of working, a fundamental part of this being community empowerment, and the development of new partnerships. The SAZ was established to evidence whether physical activity and sport could contribute significantly to the social inclusion agenda, as advocated in PAT 10 (1999), the extent of which will now be summarised.

The evaluation was considered in the light of the five key SAZ themes of social inclusion, regeneration, health, education and lifelong learning, and community safety, and the related literature. The successes and failures of the SAZ, from the perspective of the four evaluated projects, have been considered in relation to these themes, in addition to the national and local policy outcomes, and PAT 10 principles.

The chapter will present recommendations for further research in order that the SAZ can better address all of the aforementioned outcomes and principles. The chapter continues by illustrating the extent to which SAZs are a potential contributor to the Government's physical activity and social inclusion targets, and reiterates the importance of the reciprocal impact they have on one another.

6.1.1 Social Exclusion and Physical Activity

Inactivity is a concept central to each of the key areas related to social exclusion, namely health, education and crime. Figure 62 depicts the cyclical nature of social

exclusion, illustrating how exposure to one or more of the related factors could exacerbate the process of social exclusion. Indeed, it was this process that the communities of Wear Valley were subjected to, prior to the implementation of the SAZ. Figure 62 illustrates the inter-relationships between the key SAZ themes and physical activity in relation to social exclusion and its related effects. Social exclusion is the central theme influencing health, education, and crime (or community safety). The relationship between social exclusion and physical activity can be influenced by one or more of these factors related to health, education, and crime. If one considers the possibility that social exclusion can contribute to a poor education, and subsequent lack of physical activity participation, inactivity may cause ill health, reducing both the ability to work and potential household income. Subsequently, the presence of these and numerous other risk factors (individual, school, community, or family) increase the potential involvement in antisocial behaviour and crime. This highlights how the mere presence of one of the associated factors of social exclusion serves to exacerbate the original problem.

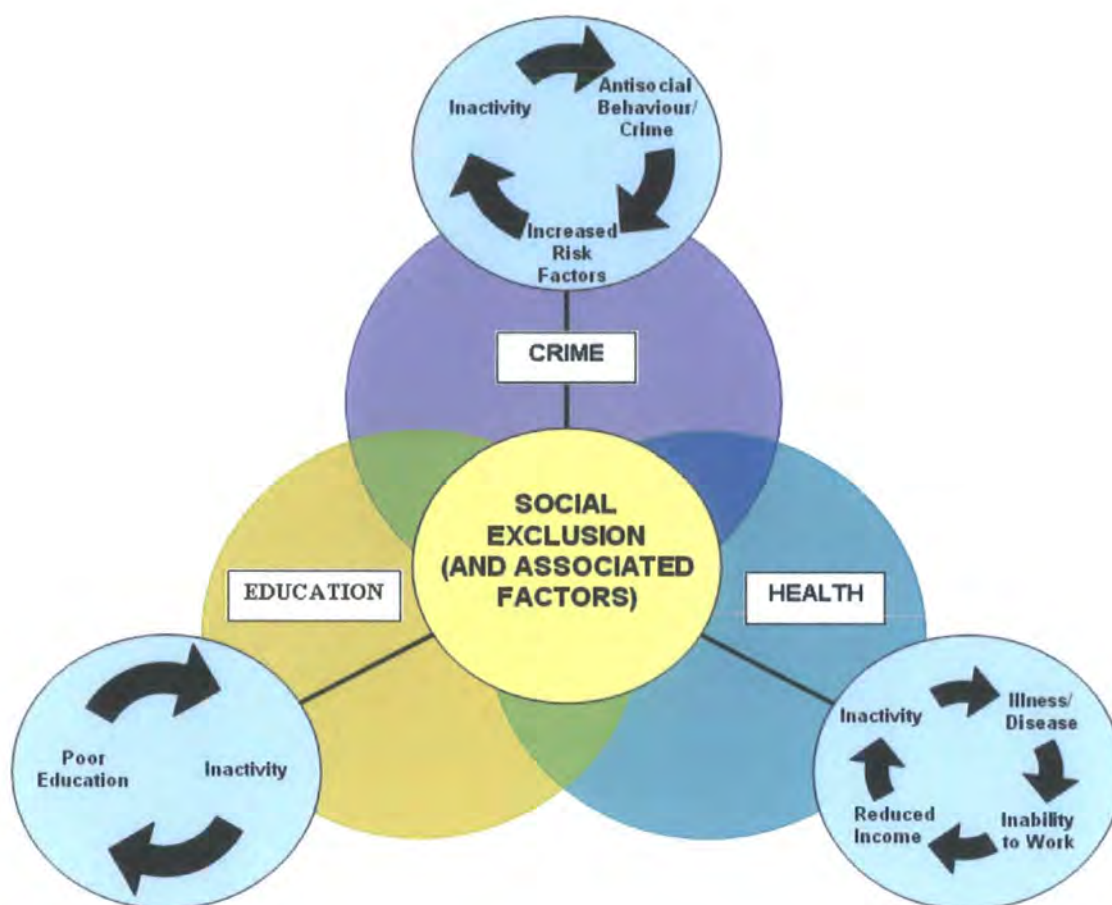


Figure 62. The Problems Exacerbated by Social Exclusion in the Absence of Intervention

In order to address some of the issues highlighted in the process depicted above, figure 63 illustrates the potential contribution that physical activity initiatives such as the Wear Valley SAZ can make to social inclusion. To explicate the inter-relationships, the presence of physical activity opportunities can contribute to an enhanced education, thereby promoting the development of life and employment-related skills, and sustained physical activity participation. Improvements in health facilitate the ability to work, increasing the potential household income, further enhancing physical activity opportunities. This reduction in risk factors, promotes empowerment and positive changes in attitude through the process of education, again increasing the likelihood of sustained participation in physical activity. Together and

individually, these factors all combine to promote social inclusion, hence its position as the central concept. However, the mere presence of a physical activity intervention is not enough to promote social inclusion. The related issues of physical activity determinants, empowerment, attitude and sustainability, all need to be accounted for in the intervention design stage for implementation to be effective. The various dynamics related to each issue are presented in table 10. These are considered the intervention precursors required to maximise the impact upon health, education and community safety. This process is illustrated in figure 64. Notwithstanding, there are further factors related to these latter key themes that must also be accounted for if social inclusion is to be attained. These are illustrated in table 11.

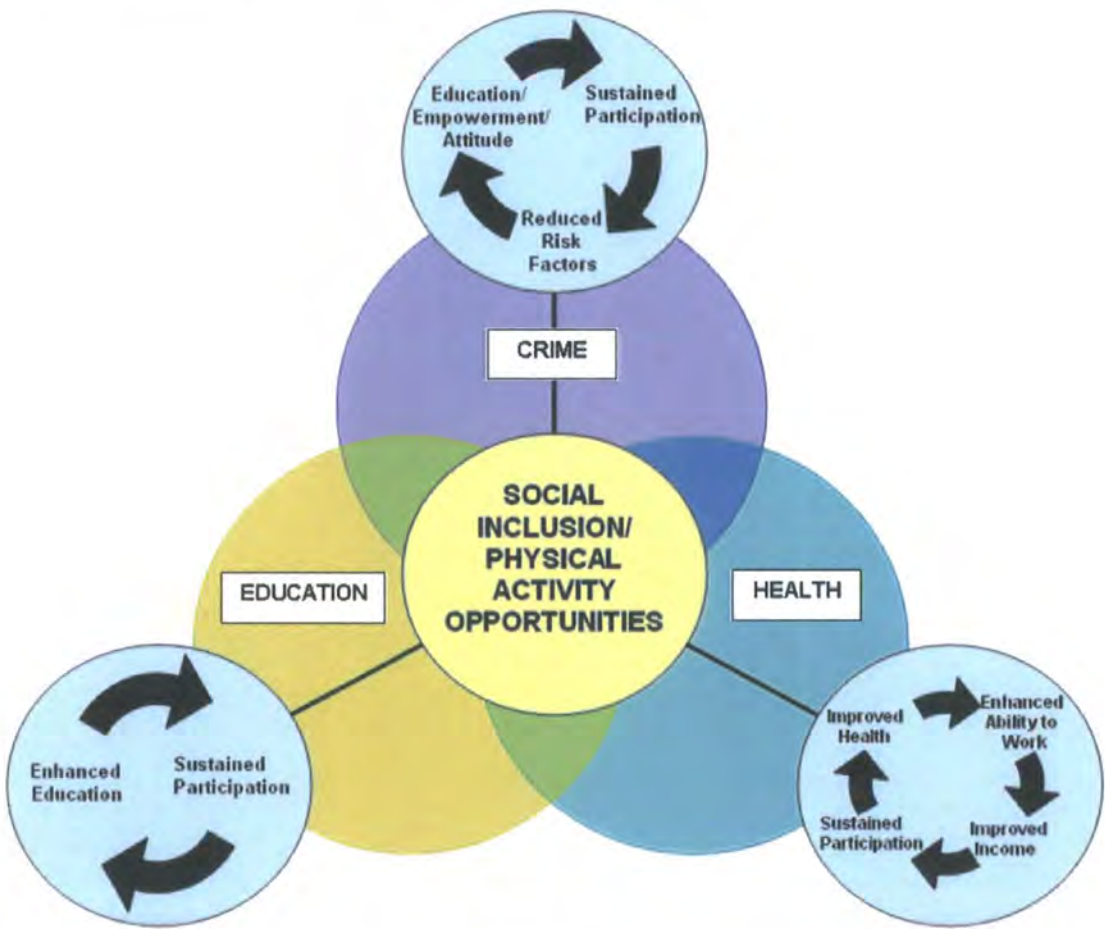


Figure 63. The Potential Impact of a Physical Activity Initiative on Social Inclusion

6.1.2 Effective Intervention Implementation

Assurance that physical activity can contribute to the suppression of social exclusion is dependent upon effective intervention implementation. Despite the implications of the aforementioned relationships, it is vital to remember that physical activity cannot by itself prevent or eradicate social exclusion (Miller et al., 1997; Pitter and Andrews, 1997; Merton and Parrott, 1999; Coalter et al., 2000). Moreover, sport and physical activity are not desirable by all people in all communities and as such, it can never single-handedly eradicate the factors associated with social exclusion. Nevertheless, it is argued that sport can, as part of a combined effort, help to ameliorate some of its related effects namely improvements in health, education and community safety (PAT 10, 1999; Farrell and Shields, 2002; Sandford et al., 2006). This necessitates a 'joined up' approach, in which all other potential contributors (including schools, community groups, the police, the health service, and leisure providers) work together under the same remit (aiming to maximise social inclusion), drawing on strengths and minimising weaknesses, avoiding duplication of resources, and ensuring a more robust and effective means of delivery and evaluation. As social exclusion has a plethora of associated damaging factors and outcomes, it is important to adopt a more holistic approach in the quest for its abolition (Miller et al., 1997; Pitter and Andrews, 1997; Merton and Parrott, 1999; Coalter et al., 2000). Thus, in relation to physical activity, the following issues require consideration relative to the specificities of the target population, during the developmental stages of any intervention targeting areas of social and economic deprivation:

- Physical activity determinants;
- Empowerment;
- Attitude;

- Sustainability.

Indeed, in the light of the findings of this study, it was these issues that emerged as key contributory factors (mechanisms of change) to the successful implementation of the Wear Valley SAZ. Moreover, whilst they are specific to this particular initiative and its target population, there is scope for the findings to be generalised when the initiative is put into context and the mechanisms of change are accounted for. It is the context and mechanisms that policy makers and practitioners need to consider in the developmental stages of similar initiatives, rather than the intervention per se. Thus, any physical activity initiative whose purpose is to contribute to social inclusion should reflect on the importance of the key components above. Accordingly, figure 64 emphasises the components recommended to enhance the effectiveness of the intervention. These components have been subdivided to allow for a number of related recommendations pertinent to each element, as summarised in table 10.

To explain the processes illustrated in figure 63, assuming the changes proposed under each component in table 10 will ensure that the key requirements (mechanisms) for the development of an effective intervention have been accounted for, namely physical activity determinants, empowerment, attitude and sustainability. Consequently, this will contribute positively to the key issues of health, education and crime, each of which has the potential to enhance social inclusion. Moreover, future deliverers of social exclusion initiatives should consider physical activity as just one component of a holistic intervention process. Sport is not (and will never be) an effective mechanism of behaviour change for all individuals.

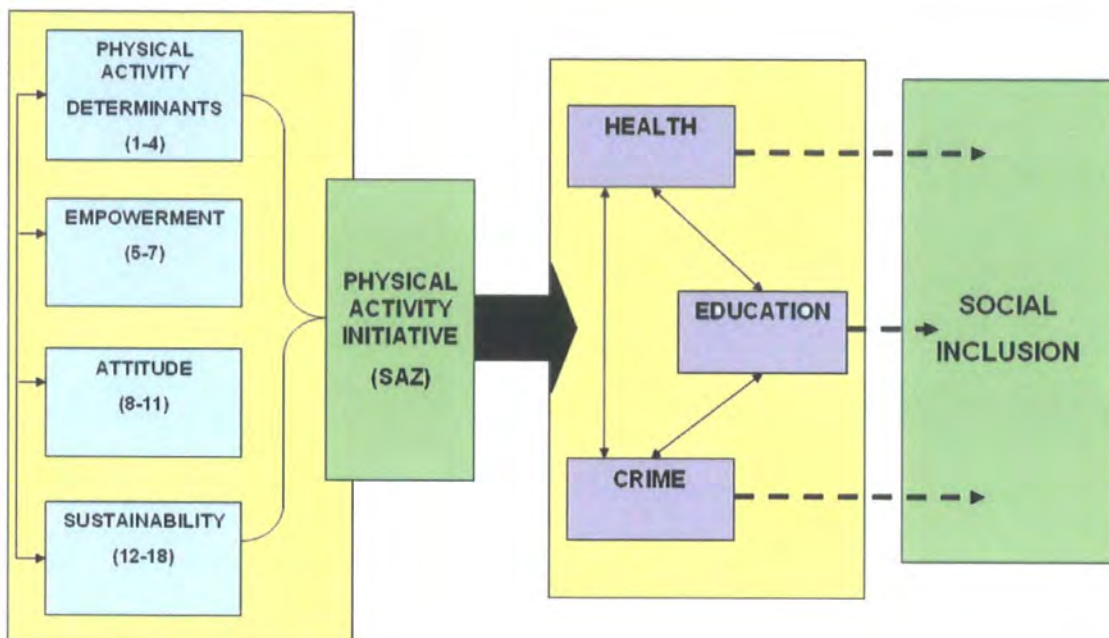


Figure 64. Components of a Successful Physical Activity Intervention Post Evaluation

	ISSUE	RECOMMENDATION
1	Physical Activity Determinants	Greater data collection is required to highlight the reasons why individuals participate in the initiative. It would prove beneficial for those involved in the design of interventions to determine whether differences exist between the internal and external motivations of different sex and age groups, together with motives at varying stages of physical activity uptake.
2	Physical Activity Determinants	Reasons for the distinct lack of female participation, particularly amongst younger generations, must be determined in order to implement effective intervention modifications. The unengaged must be consulted. Given the national prevalence of this phenomenon, it is suggested that a new and innovative approach is adopted, in which empowerment should be an essential component. It is suggested that female only community fora are adopted to determine specific needs.
3	Physical Activity Determinants	Further research is suggested regarding the reasons for participation as a volunteer, coach, or leader. These are the very people that contribute to the sustainability of physical activity.
4	Physical Activity Determinants	Importance should be attributed to determining the motivations related to the long-term maintenance of physical activity in order for interventions to encourage sustainability. Furthermore, motivations need to be considered from a multidimensional perspective (for example, are there different reasons for (in)activity within deprived versus non-deprived areas?
5	Attitudes	A combination of factors associated with social exclusion could well contribute to the development of negative attitudes toward, and lack of interest in, physical activity. Re-engagement could facilitate attitude change via the gradual and cumulative development of positive social and societal bonds. Further research would be beneficial.
6	Attitudes	Research into physical activity determinants is crucial in the enhancement of attitude and behaviour modification programmes. Motivations and barriers to initial engagement, together with determinants of physical activity amongst socio-economically deprived areas must be understood. Those that are both unengaged and disengaged are a fundamental part of the research process.
7	Attitudes	Research is needed with regard to the long-term adherence of physical activity as a consequence of behaviour change. This will help determine whether interventions are successful in both the short-term and long-term promotion of physical activity engagement or whether additional intervention types are required.
8	Empowerment	Volunteers are the foundation of the majority of sporting organisations, projects, and activity sessions. Local people need to be involved in all stages of any initiative if empowerment is to promote sustainability.
9	Empowerment	Consultation amongst a broad and representative population of the community is required in order to ensure provision of activities is representative of community need rather than of subgroups within it. All sectors of the community must be given the opportunity to be involved irrespective of sex, age, and ethnicity.
10	Empowerment	Intervention projects must ensure that inclusion criteria are not prohibitive of the very people the initiative is trying to help, particularly in relation to educational attainment and area of residence.
11	Empowerment	Empowerment appears to be particularly important during the initial stages of an initiative's introduction. Maximised local involvement should help to ensure that local needs are met, enhancing feelings of satisfaction amongst communities, and thereby promoting sustainability due to an augmented sense of ownership, pride and determination.
12	Sustainability	Sustainability is reliant upon effective citizenship and is therefore reliant upon the process of empowerment as the engagement of local people in local issues contributes to enhanced community knowledge, skills and confidence.
13	Sustainability	The development of a strong volunteer base is essential if activity programmes are to become self-sustaining. Thus by determining motivations for participation as a volunteer will be useful in terms of developing methods to cultivate the same motivations amongst others.
14	Sustainability	Projects should consider ways to contribute to wider aspects of the community to enhance the likelihood of sustainability.
15	Sustainability	Transport infrastructures require attention, particularly in areas of socioeconomic deprivation. This has the potential to impact significantly upon participation.
16	Sustainability	The establishment and maintenance of exit routes is essential to promote a sustainable physical activity structure.
17	Sustainability	One theory regarding the increase in and sustainability of female participation is to increase the number of female role models within an intervention, as a lack of participation suggests females require greater motivation and encouragement than males, particularly those of a young age.
18	Sustainability	It is important to determine the reasons why people disengage from an activity as well as the reasons why they fail to engage in the first place. Thus, participant drop-out should be monitored and follow up interviews undertaken to determine the extent of exercise post engagement with an intervention project.

Table 10. Requirements for a Successful Physical Activity Intervention

THEMATIC ISSUE	RECOMMENDATION
Social Inclusion	Determine exact areas of deprivation within Wear Valley and target them more effectively in order to maximise the impact on social inclusion.
Social Inclusion	Greater attempts are needed to engage the most difficult to reach subgroups within a community. These should be the priority over and above anyone else as these are the individuals that are most likely to be suffering from the factors associated with social exclusion.
Social Inclusion	An increase in resources is suggested in order to maximise participation, and subsequently enhance the potential impact on the health, community safety, and education of a population.
Social Inclusion	Interventions must consider both facilitative and debilitating physical activity determinants during the planning stages of the initiative.
Social Inclusion	Longitudinal studies are recommended in which targeted individuals are tracked to determine whether changes in attitude and behaviour have any long-term related effects on the attitude and behaviour of future generations.
Health	Determination of physical activity levels needs to be considered in terms of duration, intensity, and frequency, with a focus on the type of activity undertaken. This should help to provide more accurate and reliable data that can be the basis for comparison with post-intervention activity levels.
Health	Further research is recommended regarding the relationship between low female participation in physical activity and teenage pregnancy. Alternative forms of education (i.e., through physical activity interventions) are potentially beneficial.
Health	Longitudinal studies are suggested to illustrate the correlations and changes over time in CHD and other inactivity-related diseases as a consequence of physical activity interventions. Such modifications should be looked at from a physical, social, and psychological perspective. Once their initial thoughts and feelings have been established, attempts to modify attitudes can begin through the process of education. Individuals with health problems need to be tracked throughout the initiative's lifetime to identify changes.
Community Safety	Parental attitude must be accounted for in the implementation of child-centred interventions. Attitude and related behaviours are strongly influential in determining a child's behaviour. Interventions need to consider both parent and child together.
Community Safety	Positive Futures participants were hypocritical in their view on drugs. Although many admitted to frequent use of alcohol, cannabis, and nicotine, they were quick to acknowledge their dislike for the local 'druggies'. Further research on the perceptions of 'right and 'wrong' amongst similar profiles would prove beneficial.
Community Safety	Identification of additional local crime prevention initiatives and partnership working is recommended in order to pool strengths, avoid duplication and work more effectively toward a common goal. This would help determine the contribution of an initiative to any subsequent fluctuations in crime.
Community Safety	Ethnographic research is required to get 'into the mind' of targeted individuals and determine the motives behind their undesirable behaviour. The development of pre- and post-initiative psychological tests that measure the number of risk factors present would be beneficial.
Community Safety	Project specific interventions need to be targeted at children (of primary school age) from broken families or of low socioeconomic status, as they may be more susceptible to the development of antisocial behaviour due to a greater susceptibility to risk factors.
Community Safety	Further research regarding the impact of physical activity and sporting initiatives on the propensity to commit crime would be extremely beneficial in the development and implementation of future diversionary projects.
Education	Positive early experiences contribute to sustainable physical activity participation. There is a need for enhanced qualitative research strategies in order to determine the factors involved in producing positive experiences. Individuals within the community need to be involved in discussions about their sporting and physical education experiences.
Education	Intervention initiatives should be used as an alternative means of education, providing a pathway to qualifications and employment within the leisure industry.
Education	A role model programme would be beneficial, in which individuals of high prestige, and particular interest to the initiative participants, are brought in to lead sessions. The SAZ should draw on the strengths of the partnership and use its varied contacts to recruit such individuals.
Education	Project promotion and advertising needs to be reviewed. The more knowledgeable individuals are about a scheme, the greater the likelihood of them participating.

Table 11. Future Research Relative to the Key SAZ Themes

6.2 Physical Activity and Social Inclusion: Reciprocal Concepts?

The effect of physical activity participation on social inclusion is illustrated in figure 64. Participation in physical activity can contribute to social inclusion via a number of mechanisms related to health, education and community safety. Subsequently, the effects of social inclusion facilitate the probability of sustained physical activity participation, and thus, the two can be categorised as reciprocal concepts. However, one has to consider the bearing this has in relation to the Government's physical activity targets. Focusing on socio-economically deprived populations should manifest a significant and sustainable contribution toward the 70% UK physical activity participation target, but this is dependent upon the percentage of those individuals who accept and will react to sport as a mechanism of change. In order to ameliorate the health effects of inactivity, the inactive population need to be identified and effectively targeted with interventions. People who reside in areas of deprivation are more likely to be inactive due to the greater number of risk factors they are subjected to (SEU, 2001). Consequently, in order that an increase in participation concurrently impacts upon health, it is proposed that interventions are implemented amongst the most deprived or socially-excluded communities. Indeed, Gordon-Larsen et al. (2000) agree that priority must be given to socially excluded communities, for whom there is a lack of opportunity to participate in physical activity.

To summarise, physical activity and social inclusion are compatible concepts. However, given the numerous risk factors associated with social exclusion, it will inevitably take time to effect any significant change. Accordingly, allowing time to address individual

risk factors and potential mechanisms of change in relation to the context of the intervention should increase the probability of creating an effective and sustainable sport infrastructure, particularly within areas of social and economic deprivation.

6.2.1 Intervention Impact – A Socially Inclusive SAZ?

The Wear Valley SAZ has positively impacted upon health, education and community safety within the Wear Valley District. Nevertheless, the extent of this contribution to social inclusion is limited. To clarify, despite an abundance of successful target achievements (in the sense that a number of predetermined outputs had been met) as discussed in chapter five, the SAZ did not accomplish all of the national and local policy outcomes, nor did it incorporate all of the Government's PAT 10 principles in the delivery of its projects. There is scope for further research and development in relation to these, the specificities of which are summarized in table 11. However, given the multifaceted nature of social exclusion, it is recommended that SAZs and other physical activity initiatives, whose remit incorporates social exclusion, adhere to the recommendations provided in tables 10 and 11.

Furthermore, on the basis that just 0.3% (n=100) of the target population were involved in the household surveys prior to the intervention's implementation (thus suggesting a lack of knowledge regarding the context of the locality in which the intervention was to be placed), justification for the aims and objectives of individual projects is questionable. Moreover, of the four projects evaluated, each encountered their own difficulties engaging with socially excluded individuals, thereby minimizing the potential to impact

on social inclusion. Indeed, despite the clear opportunities provided by the SAZ (over and above those that already existed), the intervention failed to adequately engage with those at greatest risk of social exclusion and, as in the case of the Modern Apprentices project, the SAZ was guilty of actively excluding the very individuals it set out to help. Moreover, as there was little knowledge or recognition regarding the context within which the SAZ exists (for example, knowledge of additional area-based initiatives or participant attitudes and behaviours), attribution of causal explanations to the identified outcomes is extremely difficult (Blamey and Mackenzie, 2007). This lack of contextual knowledge and understanding, together with poor empirical foundations upon which to build a testable theory (regarding the relationship between sport and social inclusion), means that theoretical advancement is inherently flawed. This calls for the evaluation process to be integrated into an intervention from its very beginnings, particularly during the developmental stages.

Overall, this study has illustrated that Sport Action Zones do have the potential to contribute significantly to social inclusion in areas of high socioeconomic deprivation, but this impact will be determined by the extent of consideration given to both the context within which the intervention is to exist and the potential mechanisms responsible for change prior to its implementation.

LIST OF REFERENCES

Acheson, D. (1998). *Independent Inquiry into Inequalities in Health Report*. London: HMSO.

Adams, J. and White, M. (2003). Are Activity Promotion Interventions Based on the Transtheoretical Model Effective? A critical review. *British Journal of Sports Medicine*, **37**: 106-114.

Adler, N. E. and Newman, K. (2002). Socioeconomic Disparities in Health: Pathways and Policies. *Health Affairs*, **21** (2): 60-76.

Ajzen, I. (1991). The Theory of Planned Behavior. *Organizational Behavior and Human Decision Processes*, **50**; 179–211.

Allport, G. W. (1935). Attitudes. In C. M. Murchison (eds), *Handbook of Social Psychology*, 796-834. Worcester, Mass: Clark University Press.

Altheide, D., & Johnson, J. M. C. (1998). Criteria for Assessing Interpretive Validity in Qualitative Research. In N. K. Denzin & Y. S. Lincoln (eds), *Collecting and Interpreting Qualitative Materials*, 283-312. Thousand Oaks, CA: Sage.

Andrews, R., Cowell, R., Downe, J., Martin, S and Turner, D. (2006). *Promoting Effective Citizenship and Community Empowerment: A Guide for Local Authorities on Enhancing Capacity for Public Participation*. London: Office of the Deputy Prime Minister.

Armstrong, N., and Welsman, A. (1997). *Young People and Physical Activity*. Oxford: Oxford University Press.

Asquith, S., Buist, M., Loughran, N., Macaulay, C. & Montgomery, M. (1998). *Children, Young People and Offending in Scotland*. Edinburgh: Scottish Office Central Research Unit.

Atkinson, R. (2000). Combating Social Exclusion in Europe: The New Urban Policy Challenge. *Urban Studies*, **37** (5-6): 1037-1055.

Auspos, P. and Kubisch, A. (2004). *Building Knowledge about Community Change: Moving Beyond Evaluations*. Washington DC: The Aspen Institute.

Bailey, N., Flint, J., Goodlad, R., Shucksmith, M., Fitzpatrick, S., and Pryce, G. (2003). *Measuring Deprivation in Scotland: Developing a Long-Term Strategy Final Report*. Scottish Centre for Research on Social Justice, Universities of Glasgow and Aberdeen. Scottish Executive Central Statistics Unit.

Bailey, R. (2005). Evaluating the Relationship between Physical Education, Sport and Social Inclusion. *Educational Review*, **57** (1): 71-90.

Ball, S. (1990). Self-doubt and Soft Data: Social and Technical Trajectories in Ethnographic Fieldwork. *International Journal of Qualitative Studies in Education*, **3** (2): 157-71.

Barnes, M., Bauld, L., Benzeval, M., Judge, K., Mackenzie, M. and Sullivan, H. (2005). *Health Action Zones: Partnerships for Health Equity*. London: Routledge.

Barr, A. (1997). Reflections on the Enigma of Community Empowerment. *The Scottish Journal of Community Work and Development*, **2**: 47-59.

Bauman, A., Owen, N. and Rushworth, R. L. (1990). Recent Trends and Socio-Demographic Determinants of Exercise Participation in Australia. *Community Health Studies*, **14** (1): 19.

Becker, H. and Geer, B. (1957). Participant Observation and Interviewing: A Comparison. *Human Organisation*, **16** (3): 28-35.

Belfiore, E. (2002). Art as a Means of Alleviating Social Exclusion: Does it Really Work? A Critique of Instrumental Cultural Policies and Social Impact Studies in the UK. *International Journal of Cultural Policy*, **8** (1): 91–106.

Bell, J. (1999). *Doing Your Research Project: A Guide for First Time Researchers in Education and Social Science* (3rd Ed). Philadelphia: Open University Press.

Belson, W. A. (1986). *Validity in Survey Research*. Aldershot: Gower.

Benzeval, M., Judge, K. and Smaje, C. (1995). Beyond Class, Race and Ethnicity: Deprivation and Health in Britain. *Health Services Research*, **30** (1 Pt 2): 163–177.

Benzeval, M., Judge, K. and Whithead, M. (1995). *Takling Inequalities in Health: An Agenda for Action*. London: Kings Fund.

Berghman, G. (1995). Social Exclusion in Europe: Policy Context and Analytical Framework, in: G. Room (eds), *Beyond the Threshold*, 10-28. Bristol: Policy Press.

Biddle, S. J. H. and Mutrie, N. (2001). *Psychology of Physical Activity: Determinants, Well-Being and Interventions*. London: Routledge.

Biggs, L. (1996). Museums and Welfare: Shared Space. In: P. Lorente (eds), *The Role of Museums and the Arts in the Urban Regeneration of Liverpool*. Centre for Urban History: University of Leicester.

Blackburn, R. (1993). *The Psychology of Criminal Conduct: Theory, Research and Practice*. Chichester: John Wiley & Sons.

Blair, S., Kampert, J., Kohl, H., Barlow, C., Macera, C., Paffenbarger, R. and Gibbons, L. (1996). Influences of Cardiorespiratory Fitness and Other Precursors on Cardiovascular Disease and All Cause Mortality in Men and Women. *Journal of the American Medical Association*, **276** (3): 205-210.

Blake, P. (2004). *Basketball in the Community: Newcastle Eagles*. [online]. http://www.fiba.com/pages/misc/print_news.asp?act_news_id=1636&ttl_flag=1&pageNum=1&more_flag=0. [accessed 12 April 2005].

Blamey, A. and Mackenzie, M. (2007). Theories of Change and Realistic Evaluation: Peas in a Pod or Apples and Oranges? *Evaluation*, **13** (4): 439-455.

Blaxter, M. (1990). *Health and Lifestyles*. London: Routledge.

Blue, C. L. (1995). The Predictive Capacity of the Theory of Reasoned Action and the Theory of Planned Behavior in Exercise Research: An Integrated Literature Review. *Research in Nursing and Health*, **18**: 105–121.

Boggess, S. (1998). Family Structure, Economic Status and Educational Attainment. *Journal of Population Economics*, **11**: 205-222.

Booth M. L., Bauman A. and Owen N. (2002). Perceived Barriers to Physical Activity Among Older Australians. *Journal of Aging and Physical Activity*, **10** (3): 271-80.

Bourdieu, P. and Passeron, J. (1977). *Reproduction in Education, Society and Culture*. London: Sage.

Braithwaite, J. (1989). *Crime, Shame and Reintegration*. Cambridge: Cambridge University Press.

Braithwaite, R. L., Bianchi, C. and Taylor, S. E. (1994). Ethnographic Approach to Community Organization and Health Empowerment. *Health Education & Behavior*, **21** (3): 407-416.

Brannen, J. (2005). Mixing Methods: The Entry of Qualitative and Quantitative Approaches into the Research Process. *International Journal of Social Research Methodology*, **8** (3): 173–184.

Braveman, P. and Gruskin, S. (2003). Defining Equity in Health. *Journal of Epidemiology and Community Health*, **57**: 254-258.

British Heart Foundation. (2002). *Coronary Heart Disease Statistics*. London: British Heart Foundation.

British Heart Foundation. (2005). *Heart Death Risk Higher in North*. [online]. <http://news.bbc.co.uk/1/hi/health/4649195.stm>. [Accessed 3 June 2006].

Brown, M. (1988). Reconstruction of Which Reality? Qualitative Data Analysis. In J. Goetz, and J. Allen (eds), *Qualitative Research in Education: Substance, Methods, Experience*, 91-103. Proceedings of the First Annual Conference of the Qualitative Interest Group, Georgia Centre for Continuing Education, Athens, GA, January.

Brunton G., Harden A., Rees R., Kavanagh J., Oliver S. and Oakley A. (2003). Children and Physical Activity: A Systematic Review of Barriers and Facilitators. [online]. <http://eppi.ioe.ac.uk/EPPIWeb/home.aspx?&page=/hp/reviews.htm>, [accessed 10 July 2003].

Bryman, A. (2004). *Social Research Methods* (2nd Ed.). Oxford: Oxford University Press.

Burke Johnson, R. and Onwuegbuzie, A., J. (2004). Mixed Methods Research: A Research Paradigm Whose Time Has Come, *Educational Researcher*, **33** (7): 14–26.

Burrell, G. and Morgan, G. (1979). *Sociological Paradigms and Organisational Analysis*. London: Heinemann.

Burton, N. W., Turrell G. and Oldenburg, B. (2003). Participation in Recreational Physical Activity: Why do Socioeconomic Groups Differ? *Health Education and Behaviour*, **30** (2): 225-244.

Bynner, J. and Parsons, S. (1997). *It Doesn't Get Any Better: The Impact of Poor Basic Skills on the Lives of 37 Year Olds*. London: The Basic Skills Agency.

Caldwell, L and Smith, E. (1988). Leisure: an Overlooked Component of Health Promotion. *Canadian Journal of Public Health*, **79**: 554-548.

Cale, L. and Harris, J. (2006). School-Based Physical Activity Interventions: Effectiveness, Trends, Issues, Implications and Recommendations for Practice. *Sport, Education and Society*, **11** (4): 401-420.

Campbell, D. (1975). Degrees of Freedom and the Case Study. *Comparative Political Studies*, **8**: 178-185.

Campbell, S. and Harrington, V. (2000). *Youth Crime: Findings from the 1998/99 Youth Lifestyle Survey*. [online]. <http://www.homeoffice.gov.uk/rds/pdfs/hors209.pdf>. [accessed 25 May 2003].

Carter, K. (1993). The Place of Story in the Study of Teaching and Teacher Education. *Educational Researcher*, **22** (1): 5-12.

Caspersen, C. J. and Merritt, R. K. (1992). Trends in Physical Activity Patterns Among Older Adults: The Behavioral Risk Factor Surveillance System, 1986-1990. *Medicine and Science in Sports and Exercise*, **24** (4): 526.

Cassidy, T. (1996). All Work and No Play: A Focus on Leisure Time as a Means for Promoting Health. *Counselling Psychology Quarterly*, **9**: 77-90.

Cassidy, T. (1999). *Stress, Cognition and Health*. London: Routledge.

Cavan, S. (1977) Review of J. D. Douglas's (1976) Investigative Social Review: Individual and Team Field Research. *The American Journal of Sociology*, **83** (3): 809-11.

Cavill, N. and Bauman, A. (2004). Changing the Way People Think About Health-Enhancing Physical Activity: Do Mass Media Campaigns Have a Role? *Journal of Sports Sciences*, **22** (8): 771-90.

Central Council for Physical Recreation. (2002) *Saving Lives, Saving Money: Physical Activity - The Best Buy in Public Health*. London: CCPR.

Challip, L., Thomas, D. R. and Voyle, J. (1992). Sport, Recreation and Well-being. In D. R. Thomas and A. Veno (eds), *Psychology and Social Change*, 132-156. New Zealand: Dunmore Press.

Chanan, G. (1997). *Active Citizenship and Community Involvement: Getting to the Roots*. Dublin: European Foundation for the Improvement of Living and Working Conditions.

Chanan, G. and West, A. (1999). *Regeneration and Sustainable Communities*. London: Community Development Foundation.

Chen, H. -T. and Rossi, P. (1992). Introduction: Integrating Theory into Evaluation Practice. In H. -T. Chen and P. Rossi (eds), *Using Theory to Improve Program and Policy Evaluations*, 1-11. New York: Greenwood Press.

Christodoulos, A. D., Douda, H. T., Polykratis, M. and Tokmakidis, S. P. (2006). Long Health Education Intervention Behaviours in Greek Schoolchildren After a Year: Attitudes Towards Exercise and Physical Activity. *British Journal of Sports Medicine*, **40**: 367-371.

Cloward, R. and Ohlin, L. (1960). *Delinquency and Opportunity: A Theory of Delinquent Gangs*. New York: The Free Press.

Coakley, J. J. (2002). Using Sports to Control Deviance and Violence Among Youths. In M. Gatz, M. A. Messner, and S. J. Ball-Rokeach (eds). *Paradoxes of Youth and Sport*, 13-30. New York: University of New York Press.

Coalter, F., Allison, M. and Taylor, J. (2000). *The Role of Sport in Regenerating Deprived Communities*. Edinburgh: The Scottish Executive Central Research Unit.

Coalter, F. (2002). *Sport and Community Development: A Manual*. Edinburgh: Sportscotland.

Coalter, F. (2004). London 2012: A Sustainable Sporting Legacy? In A. Vigor and M. Mean. *After the Goldrush: A Sustainable Olympics for London*. London: IPPR and Demos.

Coalter, F. (2005). *The Social Benefits of Sport: An Overview to Inform the Community Planning Process*. Edinburgh: Sportscotland.

Cohen, L. and Manion, L. (1985). *Research Methods in Education* (2nd Ed.). Kent: Croom Helm Ltd.

Cohen, L. and Manion, L. (1994). *Research Methods in Education* (4th Ed.) London: Routledge.

Cohen, L., Manion, L. and Morrison, K. (2003). *Research Methods in Education* (5th Ed). London: Routledge.

Coles, R. (1989). *The Call of Stories: Teaching and the Moral Imagination*. Boston: Houghton Mifflin.

Collins, M., Henry, I. P., Houlihan, B. and Buller, J. (1999). *Research Report: Sport and Social Exclusion*. Loughborough: Loughborough University.

Collins, M. F. (2002). *Sport and Social Exclusion*. London: Routledge.

Collins, M. (2003). Social Exclusion from Sport and Leisure. In B. Houlihan (eds), *Sport and Society. A Student Introduction*, 66-88. London: Sage.

Commins, P. (1993). *Combating Exclusion in Ireland*. Brussels: European Commission.

Conger, R. D., Conger, K. J., Elder, G. H., Lorenz, F. O., Simons, R. L. and Whitbeck, L. B. (1992). A Family Process Model of Economic Hardship and Adjustment of Early Adolescent Boys. *Child Development*, **63**: 526-541.

Corti, B. G. and Donovan, R. J. (2002). The Relative Influence of Individual, Social and Physical Environment Determinants of Physical Activity. *Social Science and Medicine*, **54**: 1793-1812.

Creswell, J. W. (1994). *Research Design: Qualitative and Quantitative Approaches*. London: Sage.

Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. London: Sage.

Department for Culture Media and Sport. (1999). *National Strategy for Neighbourhood Renewal: Policy Action Team Audit: Report of the Policy Action Team 10: The Contribution of Sport and the Arts*. DCMS: London.

Department for Culture Media and Sport/Strategy Unit Report. (2002). *Game Plan: A Strategy for Delivering Government's Sport and Physical Activity Objectives*. London: Strategy Unit.

Denscombe, M. (1998). *The Good Research Guide: for Small-Scale Social Research Projects*. Philadelphia: Open University Press.

Denzin, N. K. and Lincoln, Y. S. (2003). The Discipline and Practice of Qualitative Research. In N. K. Denzin and Y. S. Lincoln (eds), *Strategies of Qualitative Inquiry*, 1-45. California: Sage.

Department of Health. (1999). *Saving Lives: Our Healthier Nation*. London: Stationary Office.

Department of Health. (2002). *Health Survey for England 2002*. London: Department of Health.

Department of Health. (2004). *At Least Five a Week: Evidence on the Impact of Physical Activity and Relationship to Health*. London: Department of Health.

Department of Health. (2004). *Choosing Health: Making Healthier Choices Easier*. London: Department of Health.

Department of Health. (2005). *Choosing Activity: A Physical Activity Action Plan*. London: Department of Health.

Department of Health (2006). *Forecasting Obesity to 2010*. London: Joint Health Surveys Unit.

Department of Justice Canada. (1995). *Educational Programmes that Alter Knowledge, Attitudes and Behaviour of Youth*. Canada: Department of Justice.

Department for Education and Skills/Department for Culture Media and Sport. (2003). *Learning through PE and Sport. A Guide to the Physical Education, School Sport and Club Link Strategy*. London: Department for Education and Skills

Diener, E. and Crandall, R. (1978). *Ethics in Social and Behavioural Research*. Chicago: University of Chicago Press.

Department for Transport Local Government and the Regions. (2000). *Index of Multiple Deprivation 2000*. [online].
<http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=9421&Pos=1&ColRank=2&Rank=272>. [accessed 14 June 2003].

Dodge, K. A., Pete, G. S. and Bates, J. E. (1994). Socialization Mediators of the Relation Between Socioeconomic Status and Child Conduct Problems. *Child Development*, **65**: 649-665.

Draper, A. K. (2004). The Principles and Application of Qualitative Research. *Proceedings of the Nutrition Society*, **63**: 641-646.

Droomers, M., Schrijvers, C. T. M. and Mackenbach, J. P. (2001). Educational Level and Decreases in Leisure Time Physical Activity: Predictors from the Longitudinal GLOBE Study. *Journal of Epidemiology and Community Health*, **55**: 562-568.

DuCharme, K. A. and Brawley, L. R. (1995). Predicting the Intentions and Behaviour of Exercise Initiates Using Two Forms of Self-Efficacy. *Journal of Behavioural Medicine*, **18** (5): 479-497.

Duncan, G. J., Daly, M. C., McDonough, P. and Williams, D. R. (2002). Optimal Indicators of Socioeconomic Status for Health Research. *American Journal of Public Health*, **92** (7): 1151-1157.

Duncan, M. J., Al-Nakeeb, Y., Nevill, A. and Jones, M. V. (2004). Body Image and Physical Activity in British Secondary School Children. *European Physical Education Review*, **10** (3): 243-260.

Durham Dales Primary Care Trust (2004). *Director of Public Health Annual Report 2003/04* [online].

<http://www.teespublichealth.nhs.uk/Download/NonPublic/poxy4yv45fhp12yjbzca3z/1012/852/Dales%20Report%202003.pdf>. [accessed 23 June 2006].

Erkut, S. and Tracy, A. J. (2000). *Protective Effects of Sports Participation on Girls' Sexual Behavior*. Working Paper Series Number 301. Wellesley, MA: Center for Research on Women.

European Commission (1997). *Towards an Urban Agenda in the European Union. Communication from the Commission*. Brussels: European Commission.

Evans, D., Whelan, J. and Neal, G. (2002). *Best Practice in Sports Colleges*. Loughborough: Youth Sports Trust.

Evans, G. W. and Kantrowitz, E. (2002). Socioeconomic Status and Health: The Potential Role of Environmental Risk Exposure. *Annual Review of Public Health*, **23**: 303-331.

Farrell, L. and Shields, M. A. (2002). Investigating the Economic and Demographic Determinants of Sporting Participation in England. *Journal of the Royal Statistical Society*, **165** (2): 335-348.

Farrington, D. P. (2002). Developmental Criminology and Risk-Focussed Prevention. In M. Maguire, R. Morgan and R. Reiner (eds). *The Oxford Handbook of Criminology* (3rd ed.) Oxford: Clarendon Press.

Farrington, D. P. (1998). Evaluating Communities That Care: Realistic Scientific Considerations. *Evaluation*, **4** (2): 204-210.

Farrington, D. P. (1990). Implications of Criminal Career Research for the Prevention of Offending. *Journal of Adolescence*, **13**: 93-113.

Farrington, D. P. (1996). *Understanding and Preventing Youth Crime, Social Policy Research Findings*. No. 93. York: Joseph Rowntree Foundation.

Fergusson, D., Swain-Campbell, N. and Horwood, J. (2004). How Does Childhood Economic Disadvantage Lead to Crime? *Journal of Child Psychology and Psychiatry*, **45** (5): 956-966.

Fetterman, D. (1989). *Ethnography: Step by Step*. London: Sage Publications.

Field, J. (2003). *Social Capital*. London: Routledge.

Fisher, K. (2002). *Chewing the Fat: The Story Time Diaries Tell About Physical Activity in the United Kingdom*. Working Papers of the Institute for Social and Economic Research, Paper 2002-13, University of Essex, Colchester.

Flintoff, A. and Scraton, S. (2001). Stepping into Active Leisure? Young Women's Perceptions of Active Lifestyles and their Experiences of School Physical Education. *Sport, Education and Society*, 6 (1): 5-21.

Fox, J. (1989). *Health Inequalities in European Countries*. Aldershot: Gower Publishing.

Frankfort-Nachmias, C. and Nachmias, D. (1992) *Research Methods in the Social Sciences*. London: Edward Arnold.

Frederick, C. M. and Ryan, R. M. (1993). Differences in Motivation for Sport and Exercise and their Relations with Participation and Mental Health. *Journal of Sport Behavior*, 16: 124-146.

Geertz, C. (1983). *Local Knowledge: Further Essays in Interpretive Anthropology*. New York: Basic Books.

Giles-Corti, B. and Donovan, R. J. (2002). The Relative Influence of Individual, Social and Physical Environment Determinants of Physical Activity. *Social Science & Medicine*, 54 (12): 1793–1812.

Giles-Corti, B. and Donovan, R. J. (2002a). Socioeconomic Status Differences in Recreational Physical Activity Levels and Real and Perceived Access to a Supportive Physical Environment. *American Journal of Preventive Medicine*, 35 (6): 601-611

Gilligan, R. (2000) Adversity, Resilience and Young People: The Protective Value of Positive School and Spare Time Experiences. *Children and Society*, 14: 37–47.

Glesne, C. and Peshkin, A. (1992). *Becoming Qualitative Researchers: An Introduction*. White Plains, NY: Longman.

Godin, G. (1993). The Theories of Reasoned Action and Planned Behaviour: Overview of Findings, Emerging Research Problems and Usefulness for Exercise Promotion. *Journal of Applied Sport Psychology*, **5**: 141-157.

Goetz, J. P. and LeCompte, M. D. (1984). *Ethnography and Qualitative Design in Educational Research*. Orlando, FL: Academic Press.

Gordon-Larsen, P., McMurray, R. G. and Popkin, B. M. (2000). Determinants of Adolescent Physical Activity and Inactivity Patterns. *Pediatrics*, **105** (6): E83.

Government Office for the North East (2006). *Local Authority Area Profile: Wear Valley*. Performance and Information Team: Government Office for the North East.

Graham, H. (1993). *When Life's a Drag: Women, Smoking and Disadvantage*. London: HSMO.

Gratton, C. and Jones, I. (2004). *Research Methods for Sports Studies*. London: Routledge.

Green, J. and Thorogood, N. (2004). *Qualitative Methods for Health Research*. London: Sage.

Green, K. (2002). Lifelong Participation, Physical Education and the Work of Ken Roberts. *Sport, Education and Society*, **7** (2): 167-182.

Green, K., Smith, A. and Roberts, K. (2005). Young People and Lifelong Participation in Sport and Physical Activity: A Sociological Perspective on Contemporary Physical Education Programmes in England and Wales. *Leisure Studies*, **24** (1): 27-43.

Guba, E. (1990). The Alternative Paradigm Dialog In E. Guba (eds), *The Paradigm Dialog*, 17-27. London: Sage.

Hagger, M. S., Chatzisarantis, N. and Biddle, S. J. H. (2001). The Influence of Self-Efficacy and Past Behaviour on the Physical Activity Intentions of Young People. *Journal of Sports Sciences*, **19** (9): 711-725.

Hammersley, M. (1992). *What's Wrong with Ethnography?* London: Routledge.

Hansen, H. F. (2005). Choosing Evaluation Models: A Discussion on Evaluation Design. *Evaluation*, **11** (4): 447-462.

Hardeman, W., Johnston, M., Johnston, D. W., Bonetti, D., Wareham, N. J. and Kinmonth, A. L. (2002). Application of the Theory of Planned Behaviour Change Interventions: A Systematic Review. *Psychology and Health*, **17** (2): 123-158.

Harris, J. (1983). Broadening horizons: Interpretive Cultural Research, Hermeneutics, and Scholarly Inquiry in Physical Education. *Quest*, **35**: 82-96.

Harris, J. and Penney, D. (2000). Gender, Health and PE, in D. Penney (eds). *Gender and PE: Contemporary Issues and Future Directions*, 123-145. London: Routledge.

Harrison, R. A. Gemmell, I. and Heller, R. F. (2007). The Population Effect of Crime and Neighbourhood on Physical Activity: An Analysis of 15461 Adults. *Journal of Epidemiology and Community Health*, **61**: 34-39.

Health Education Authority. (1998). *Young and Active? Policy Framework for Young People and Health-Enhancing Physical Activity*. London, HEA.

Health Education Authority and Sports Council. (1992). *Allied Dunbar National Fitness Survey*. London: HEA and Sports Council.

Higgins, J. W. (1999). Citizenship and Empowerment: A Remedy for Citizen Participation in Health Reform. *Community Development Journal*, **34**: 287-307.

- Hill, A. and Roberts, J. (1998). Body Mass Index: A Comparison between Self-Report and Measured Height and Weight. *Journal of Public Health*, **20** (2): 206-210.
- Hoinville, G. and Jowell, R. (1978). *Survey Research Practice*. London: Heinemann.
- Holt, R. (1989). *Sport and the British: A Modern History*. Oxford: Clarendon Press.
- Home Office. (1999). *Aspects of Crime: Young offenders*. London: HMSO.
- Home Office. (2004). *Citizenship: Young People's Perspectives*. London: HMSO.
- Hamel, R., Cashmore, J., Gilmore, L., Goodnow, J., Hayes, A., Lawrence, J., Leech, M., O'Connor, I., Vinson, T., Najman, J. and Western, J. (1999). *Pathways to Prevention: Early Intervention and Development Approaches to Crime in Australia*. Canberra: Attorney-General's Department, National Crime Prevention.
- Hylton, K., Bramham, P., Jackson, D. and Nesti, M. (2001). *Sports Development: Policy, Process and Practice*. London: Routledge.
- Jackson, N. W., Howes, F. S., Gupta, S., Doyle, J. L. and Waters, E. (2005). Interventions Implemented through Sporting Organisations for Increasing Participation in Sport. *The Cochrane Database of Systematic Reviews*, Issue 2.
- Joint Health Survey's Unit. (1998). *Health Survey for England: The Health of Young People 1995 – 1997*. London: The Stationery Office
- Joint Health Survey's Unit (1999). *Health Survey for England: Cardiovascular Disease 1998*. London: The Stationery Office.

Joseph Rowntree Foundation. (1999). *Developing Effective Community Involvement Strategies*. [online]. <http://www.jrf.org.uk/knowledge/findings/foundations/169.asp>. [accessed 3 November 2004].

Katz, D. (1960). The Functional Approach to the Study of Attitudes. *The Public Opinion Quarterly*, **24** (2), Special Issue: Attitude Change. (Summer, 1960): 163-204.

Kaufman, M. and Alfonso, H. D. (eds) (1997). *Community Power and Grassroots Democracy: The Transformation of Social Life*. London: Zed Books.

Kawachia, I., Kennedy, B. P. and Wilkinson, R. G. (1999). Crime: Social Disorganization and Relative Deprivation. *Social Science and Medicine*, **48**: 719-731.

Kazempiur, A. and Halli, S. S. (2000). Neighbourhood Poverty in Canadian Cities. *Canadian Journal of Sociology*, **25**: 369-379.

Kelman, H. C. (1967). Human Use of Human Subjects. *Psychological Bulletin*, **67** (1): 1-11.

Kew, F. (1997). *Sport. Social Problems and Issues*. Oxford: Butterworth-Heinemann.

Kilpatrick, M., Hebert, E. and Bartholomew, J. (2005). College Students' Motivation for Physical Activity: Differentiating Men's and Women's Motives for Sport Participation and Exercise. *Journal of American College Health*, **54** (2): 87-94.

Kimmel, A. J. (1988). Ethics and Values in Applied Social Research. In L. Cohen, L. Manion and K. Morrison (2003). *Research Methods in Education* (5th Ed). London: Routledge.

King, A. C., Blair, S. N., Bild, D. E., Dishman, R. K., Dubbert, P. M., Marcus, B. H., Oldridge, N. B., Paffenbarger, R. S., Powell, K. E. and Yeager, K. K. (1992). Determinants of Physical Activity and Interventions in Adults. *Medicine and Science in Sports and Exercise*, **24** (6: supplement), S221-S236.

Kirk, D. (2000). *Towards Girl Friendly Physical Education*. Youth Sports Trust.

Kirk, D. (2004) *Sport and Early Learning Experiences*. Loughborough: Institute of Sport and Leisure Policy. Loughborough University.

Kramer, R. C. (2000). Poverty, Inequality, and Youth Violence. *American Academy of Political and Social Science*, **567**: 123-139.

Krohn, M. (1976). Inequality, Unemployment and Crime: A Cross-National Analysis. *The Sociological Quarterly*, **17**: 303-313.

Kumar, S. (2002). *Methods for Community Participation: A Complete Guide for Practitioners*. London: ITDG.

Kuzel, A. and Engel, J. (2001). Some Pragmatic Thought on Evaluating Qualitative Health Research. In J. Morse, J. Swanson and A. Kuzel (eds), *The Nature of Qualitative Evidence*, 114-138. Thousand Oaks, CA: Sage.

Laub, J. H., Nagin, D. S. and Sampson, R. J. (1998). Trajectories of Change in Criminal Offending: Good Marriages and the Desistance Process. *American Sociological Review*, **63**: 225-238.

Lee, R. E., Cubbin, C. and Winkleby, M. (2007). Contribution of Neighbourhood Socioeconomic Status and Physical Activity Resources to Physical Activity Among Women. *Journal of Epidemiology and Community Health*, **61**: 882-890.

Leininger, M. (1994). Evaluation Criteria and Critique of Qualitative Research Studies. In J. M. Morse (eds), *Critical Issues in Qualitative Research Methods*. Newbury Park, CA: Sage.

Lincoln, Y. S. and Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.

Lindström, M., Hanson, B.S. and Östergren, P. (2001). Socioeconomic Differences in Leisure-Time Physical Activity: The Role of Social Participation and Social Capital in Shaping Health Related Behaviour. *Social Science and Medicine*, **52** (3): 441-451.

Link, B. G. and Phelan, J. (1995). Social Conditions as Fundamental Causes of Disease. *Journal of Health and Social Behavior*, Spec. No.: 80-94.

Lockyer, S. (2006). Heard the One About ... Applying Mixed Methods in Humour Research? *International Journal of Social Research Methodology*, **9** (1): 41-59.

Loeber, R. and Stouthamer-Loeber, M. (1986). Family Factors as Correlates and Predictors of Juvenile Conduct Problems and Delinquency. *Crime and Justice: An Annual Review of Research*, **7**: 29-149.

Long, J. and Sanderson, I. (2001). The Social Benefits of Sport: Where's the Proof? In C. Gratton and I. P. Henry (eds), *Sport in the City: The Role of Sport in Economic and Social Regeneration*, 187-203. London: Routledge.

Loucks, N., Power, K., Swanson, V. and Chambers, J. (2000). *Young People in Custody in Scotland* (Occasional paper series no.3). Edinburgh: Scottish Prison Service.

Ludwig, J., Duncan, G. J. and Hirschfield, P. (2001). Urban Poverty and Juvenile Crime: Evidence from a Randomized Housing-Mobility Experiment. *The Quarterly Journal of Economics*, 655-679.

Lynch, J. W., Kaplan, G. A. and Salonen, J. T. (1997). Why Do Poor People Behave Poorly? Variation in Adult Health Behaviours and Psychological Characteristics By Stages of the Socioeconomic Lifecourse. *Social Science in Medicine*, **44** (6): 809-819.

Macdonald, D., Rodger, S., Ziviani, J., Jenkins, D., Batch, J. and Jones, J. (2004). Physical Activity as a Dimension of Family Life for Lower Primary School Children. *Sport, Education and Society*, **9** (3): 307-325.

Mack, M. G., Schultz, A. M. and Araki, K. (2002). Role Models in Self Esteem of College Women. *Psychological Reports*, **90**: 659-664.

Mangan, J. A. (2000). *Athleticism in the Victorian and Edwardian Public School: the Emergence and Consolidation of an Educational Ideology*. London: Frank Cass.

Marmot, M. and Wilkinson, R. (2001). Psychosocial and Material Pathways in the Relation between Income and Health: A Response to Lynch et al. *British Medical Journal*, **322**: 1233-1236.

Martin, S. and Sanderson, I. (1999). Evaluating Public Policy Experiments: Measuring Outcomes, Monitoring Processes or Managing Pilots? *Evaluation*, **5**: 245-258.

Maykut, P. and Morehouse, R. (1994). *Beginning Qualitative Research: A Philosophical and Practical Guide*. London: Routledge.

McAuley, E. (1992). The Role of Efficacy Cognitions in the Prediction of Exercise Behavior in Middle-Aged Adults. *Journal of Behavioural Medicine*, **15**: 65-88.

McCarthy, P. Laing, K. and Walker, J. (2004). *Offenders of the Future? Assessment the Risk of Children and Young People Becoming Involved in Criminal or Antisocial Behaviour*. Norwich: Department for Education and Skills.

McGregor, A. and McConnachie, M. (1995). Social Exclusion, Urban Regeneration and Economic Reintegration. *Urban Studies*, **32** (10): 1587-1600.

McLaren, G. and Bain, M. (1998). *Deprivation and Health in Scotland: Insights from NHS Data*. Scotland: ISD.

Merriam, S. B. (1988). *Case Study Research in Education: A Qualitative Approach*. San Francisco: Jossey-Bass.

Merton, B. and Parrott, A. (1999). *Only Connect: Successful Practice in Educational Work with Disaffected Young Adults*. Leicester: National Institute of Adult Continuing Education.

Miller, S. C., Bredemeier, B. J. L. and Shields, D. L. L. (1997). Sociomoral Education through Physical Education with At-Risk Children. *Quest*, **49**: 114-129.

Miller, K. E., Sabo, D., Farrell, M. P., Barnes, G. M. and Melnick, M. J. (1998). Athletic Participation and Sexual Behavior in Adolescents: The Different Worlds of Boys and Girls. *Journal of Health and Social Behavior*, **39**:108-123.

Miller, K. E., Sabo, D., Farrell, M. P., Barnes, G. M. and Melnick, M. J. (1999). Sports, Sexual Activity, Contraceptive Use, and Pregnancy Among Female and Male High School Students: Testing Cultural Resource Theory. *Sociology of Sport Journal*, **16**: 366-387.

Miller, K. E., Barnes, G. M., Melnick, M. J., Sabo, D. and Farrell, M. P. (2002). Gender and Racial/Ethnic Differences in Predicting Adolescent Sexual Risk: Athletic Participation vs. Exercise. *Journal of Health and Social Behavior*, **43**: 436-450.

Ministry of Social Development. (2005). *The Social Report 2005*. Wellington: Ministry of Social Development.

Morris, L., Sallybanks, J., Willis, K. and Makkai, T. (2003). *Sport, Physical Activity and Antisocial Behaviour in Youth*. Trends and Issues in Crime and Criminal Justice. No 249. Canberra: Australian Institute of Criminology.

Morris, T. (2006). *Social Work Research Methods: Four Alternative Paradigms*. California: Sage.

Morrison, K. R. B. (1993). *Planning and Accomplishing School-centred Evaluation*. Norfolk: Peter Francis.

Morse, J. M., Barrett, M., Mayan, M., Olson, K. and Spiers, J. (2002). Verification Strategies for Establishing Reliability and Validity in Qualitative Research. *International Journal of Qualitative Methods*, 1 (2): 1-19.

National Heart Forum (In Press). *Coronary Heart Disease: Estimating the Impact of Changes in Risk Factors*. London: The Stationary Office.

Neighbourhood Renewal Unit (2005). *Local Strategic Partnerships*. [online]. <http://www.neighbourhood.gov.uk/page.asp?id=531>. [accessed 16 June 2006].

Nelson, M. C., Gordon-Larsen, P., Adair, L. S. and Popkin, B. M. (2005). Adolescent Physical Activity and Sedentary Behavior Patterning and Long-Term Maintenance. *American Journal of Preventive Medicine*, 28 (3): 259–266.

Nies, M. A., Vollman, M. and Cook, T. (1998). Facilitators, Barriers, and Strategies for Exercise in European American Women in the Community. *Public Health Nursing*, 15 (4):10.

Nisbet, J. D. and Watt, J. (1980). *Case Study*. Rediguide 26, University of Nottingham, School of Education.

Oakley, P. (1991). *Projects with People – the Practice of Participation in Rural Development*. Geneva: International Labour Office

Onweugbuzie, A. J. and Leech, N. L. (2005). On Becoming a Pragmatic Researcher: The Importance of Combining Quantitative and Qualitative Research Methodologies. *International Journal of Social Research Methodology*, **8** (5): 375-387.

Onwuegbuzie, A. J. and Teddlie, C. (2003). A Framework for Analyzing Data in Mixed Methods Research. In A. Tashakkori and C. Teddlie (eds), *Handbook of Mixed Methods in Social and Behavioral Research*, 351–383. Thousand Oaks, CA: Sage.

Pamuk, E., Makuc, D., Heck, K., Reuben, C. and Lochner, K. (1998). *Socioeconomic Status and Health Chartbook: Health, United States*. Hyattsville, Md.: National Center for Health Statistics.

Parkinson, M. (1998). *Combating Social Exclusion: Lessons from Area-Based Programmes in Europe*. Bristol: Policy Press.

Parks, S. E., Houseman, R. A. and Brownson, R. C. (2003). Differential Correlates of Physical Activity in Urban and Rural Adults of Various Socioeconomic Backgrounds in the United States. *Journal of Epidemiology and Community Health*, **57**: 29-35.

Passmore, A. (2003). The Occupation of Leisure: Three Typologies and their Influence on Mental Health in Adolescence. *OTJR: Occupation, Participation and Health*. **23**: 76.

PAT 10 (1999) *Policy Action Team 10; A Report to the Social Exclusion Unit: Arts and Sport*. London: DCMS.

Pate, R. R., Trost, S. G., Levin, S. and Dowda, M. (2000). Sports Participation and Health-Related Behaviors Among U.S. Youth. *Archives of Pediatric and Adolescent Medicine*, **154**: 904-911.

Patton, M. Q. (1990). *Qualitative Evaluation and Research Methods*. Newbury Park, CA: Sage.

Pawson, R. (2002). Evidence-Based Policy: The Promise of 'Real Synthesis'. *Evaluation*, **8** (3): 340-358.

Pawson, R. (2003). Nothing as Practical as Good Theory. *Evaluation*, **9** (4): 471-490.

Pawson, R. and Myhill, A. (2001). *Learning Lessons: Enhancing Evaluation Through Research Review*. TRL.

Pawson, R. and Tilley, N. (1998). Caring Communities, Paradigm Polemics, Design Debates. *Evaluation*, **4** (1): 73-90.

Pawson, R. and Tilley, N. (1997). *Realistic Evaluation*. London: Sage.

Payne, W., Reynolds, M., Brown, S. and Fleming, A. (2003). *Sports Role Models and their Impact on Participation in Physical Activity: A Literature Review*. Victoria: VicHealth.

Pitter, R. and Andrews, D. L. (1997). Serving America's Underserved Youth: Reflections on Sport and Recreation in an Emerging Social Problems Industry. *Quest*, **49** (1): 85-99.

Plante, T. G., LeCaptain, S. E. and McLain, H. C. (2000). Perceived Fitness Predicts Daily Coping Better Than Physical Activity. *Journal of Applied Biobehavioral Research*, **5** (1): 66-79.

Polanyi, M. (1962). *Personal Knowledge: Towards a Post-Critical Philosophy*. Chicago: University of Chicago Press.

Ponde, M. P. and Santana, V. S. (2000). Participation in Leisure Activities: Is it a Protective Factor for Women's Mental Health? *Journal of Leisure Research*, **32** (4): 457-472.

Popkewitz, T. (1984). *Paradigm and Ideology in Educational Research: The Social Functions of the Intellectual*. Lewes: Falmer Press.

Prime, D., Zimmeck, M. and Zurawan, A. (2002). *Active Communities: Initial Findings from the 2001 Home Office Citizenship Survey*. London: Home Office.

Prochaska, J. O. and DiClemente, C. C. (1992). Stages of Change in the Modification of Problem Behaviours. *Progress in Behaviour Modification*, **28**: 184-218.

Reason, P. and Rowan, J. (1981). Issues of Validity in New Paradigm Research. In P. Reason and J. Rowan (eds), *Human Inquiry: A Sourcebook of New Paradigm Research*, 239-50. Chichester, England: Wiley & Sons.

Rees, R., Harden, A., Shephard, J., Brunton, G., Oliver, S. and Oakley, A. (2001) *Young People and Physical Activity: A Systematic Review of Research on Barriers and Facilitators*. EPPI Centre, Social Science Research Unit, Institute of Education, University of London.

Renewal.net. (2005a). *Sport and Community Safety: Case Studies*. [online]. <http://www.sportdevelopment.org.uk/renewalcrime.pdf>. [accessed 23 January 2005].

Renewal.net. (2005b). *Sport and Educational Attainment: Case Studies*. [online]. <http://www.sportdevelopment.org.uk/renewedu.pdf>. [accessed 23 January 2005].

Renewal.net. (2005c). *Sport and Employment: Case studies*. [online]. <http://sportdevelopment.org.uk/sportemploy.pdf>. [accessed 23 January 2005].

Richter, D. L., Wilcox, S., Greaney, M. L., Henderson, K. A. and Ainsworth, B. B. (2002). Environmental, Policy, and Cultural Factors Related to Physical Activity in African American Women. *Women and Health*, **36** (2): 91-109.

Riege, A. M. (2003). Validity and Reliability Tests in Case Study Research: A Literature Review with “Hands-on” Applications for Each Research Phase. *Qualitative Market Research: An International Journal*, **6** (2): 75 – 86.

Roberts, K. (1999). *Leisure in Contemporary Society*. Wallingford: CABI Publications.

Roberts, K. and Brodie, D. (1992). *Inner-City Sport: Who Plays and What are the Benefits?* Culemborg: Giordano Bruno.

Ronda, G., Van Assema, P. and Brug, J. (2001). Stages of Change, Psychological Factors and Awareness of Physical Activity Levels in the Netherlands. *Health Promotion International*, **16** (4): 305-314.

Rumelhart, D. E. and Ortony, A. (1977). The Representation of Knowledge in Memory. In R. C. Anderson, R. J. Spiro, and W. E. Montague (eds), *Schooling and the Acquisition of Knowledge*, 99-135. Hillsdale, NJ: Lawrence Erlbaum.

Rutten, E., Stams, G. J. J. M., Biesta, G. J. J., Schuengel, C., Dirks, E. and Hoeksma, J. B. (2007). The Contribution of Organized Youth Sport to Antisocial and Prosocial Behaviours in Adolescent Athletes. *Journal of Youth and Adolescence*, **36** (3): 255-264.

Rowe, N. and Campion, R. (2000). *Young People and Sport: National Survey 1999*. London: Sport England.

Ruiz, J. (2004). *A Literature Review of the Evidence Base for Culture, The Arts and Sport Policy*. Edinburgh: Scottish Executive.

Rutten, A., Abel, T., Kannas, L., von Lengerke, T., Lüschen, G., Rodríguez Diaz, J. A., Vinck, J. and van der Zee J. (2001). Self Reported Physical Activity, Public Health, and Perceived Environment: Results From a Comparative European Study. *Journal of Epidemiology and Community Health*, **55** (2): 139-146.

Rutter, M., Giller, H. and Hagell, A. (1998). *Antisocial Behavior by Young People*. Cambridge: Cambridge University Press.

Ryan, K. E. and Hood, L. K. (2004). Guarding the Castle and Opening the Gates. *Qualitative Inquiry*, **10** (1): 79-95.

Sabo, D., Miller, K. E., Farrell, M. P., Barnes, G. M. and Melnick, M. J. (1998). *The Women's Sports Foundation Report: Sport and Teen Pregnancy*. East Meadow, NY: Women's Sports Foundation.

Sallis, J. F. and Howell, M. F. (1990) Determinants of Exercise Behavior. *Exercise and Sport Sciences Review*, **18**: 307-330.

Sallis, J. F. (1998). Reflections on the Physical Activity Interventions Conference. *American Journal of Preventive Medicine*, **15** (4): 431-432.

Sallis, J. F., Bauman, A. and Pratt, M. (1998). Environmental and Policy Interventions to Promote Physical Activity. *American Journal of Preventive Medicine*, **15** (4): 379-397.

Sallis, J. F. and Owen, N. (1999). *Physical Activity and Behavioural Medicine*. Thousand Oaks, California.: Sage.

Sallis, J. F., Prochaska, J. J. and Taylor, W. C. (2000). A Review of Correlates of Physical Activity of Children and Adolescents. *Medicine and Science in Sports and Exercise*, **32** (5): 963-975.

Sampson, A. (2007). Developing Robust Approaches to Evaluating Social Programmes. *Evaluation*, **13** (3): 477-493.

Sampson, R. J. and Laub, J. H. (1993). *Crime in the Making: Pathways and Turning Points Through Life*. Cambridge: Harvard University Press.

Sandford, R. A., Armour, K. M. and Warmington, P. C. (2006). Re-Engaging Disaffected Youth Through Physical Activity Programmes. *British Educational Research Journal*, **32** (2): 251-271.

Sapsford, R. J. and Evans, J. (1984). Evaluating a Research Report. In J. Bell, T. Bush and A. Fox et al. (eds), *Conducting Small-scale Investigations in Educational Management*. London: Harper & Row.

Sarantakos, S. (1994). *Social Research*. London: Macmillan Press Ltd.

Scottish Executive (2004). *A Literature Review of the Evidence Base for Culture, the Arts and Sport Policy*. Edinburgh: Scottish Executive.

Scully, D., Kremer, J., Meade, M. M., Graham, R. and Dudgeon, K. (1998). Physical Exercise and Psychological Well Being: A Critical Review. *British Journal of Sports Medicine*, **32**: 111-120

Seefeldt, V., Malina, R. M. and Clark, M. A. (2002). Factors Affecting Levels of Physical Activity in Adults. *Sports Medicine*, **32**(3):143-68.

Social Exclusion Unit. (1998). *Bringing Britain Together: a National Strategy for Neighbourhood Renewal*. London: HMSO.

Social Exclusion Unit. (2001). *Preventing Social Exclusion*. [online]. <http://www.cabinetoffice.gov.uk/seu/2001/pse/PSE%20HTML/contents.htm>. [accessed 3 August 2005].

Social Exclusion Unit. (2002). *The Social Exclusion Unit's Policy Action Team Approach to Policy Development: The Views of Participants*. London: SEU.

Social Exclusion Unit. (2004). *Tackling Social Exclusion: Taking Stock and Looking to the Future: Emerging findings*. London: HMSO.

Sherwood, N. E. and Jeffery, R. W. (2000). The Behavioural Determinants of Exercise: Implications for Physical Activity Interventions. *Annual Review of Nutrition*, **20** (1): 21-44.

Shumer, R. (1994). Community Based Learning: Humanizing Education. *Journal of Adolescence*, **77** (4): 357-67.

Skille, E. A. and Waddington, I. (2006). Alternative Sport Programmes and Social Inclusion in Norway. *European Physical Education Review*, **12** (3): 251-271.

Smith, A. and Green, K (2005). The Place of Sport and Physical Activity in Young People's Lives and its Implications for Health: Some Sociological Comments. *Journal of Youth Studies*, **8** (2): 241-253.

Smith, D. J. (1995). Towards Explaining Patterns and Trends in Youth Crime. In M. Rutter (eds), *Psychosocial Disturbances in Young People*, 166-211. Cambridge: Cambridge University Press.

Smith, J. (1983). Quantitative versus Interpretive: The Problem of Conducting Social Inquiry. In E. House (eds), *Philosophy of Evaluation*, 27-51. London: Jossey-Bass Inc.

Smithson, J. (2000). Using and Analysing Focus Groups: Limitations and Possibilities. *Social Research Methodology*, 3 (2): 103-119.

Sniehotta, F. F., Scholz, U. and Schwarzer, R. (2005). Bridging the Intention-Behaviour Gap: Planning, Self-Efficacy, and Action Control in the Adoption and Maintenance of Physical Exercise. *Psychology and Health*, 20 (2): 143-160.

Sparkes, A. (1992) The Paradigms Debate: An Extended Review and a Celebration of Difference. In A. Sparkes (eds), *Research in Physical Education and Sport: Exploring Alternative Visions*, 9-60. London: The Falmer Press.

Sparkes, J. (1999). *Schools, Education and Social Exclusion. Case paper 29.* : London: Centre for Analysis of Social Exclusion.

Sport England. (1999a). *Best Value Through Sport: The Value of Sport to Local Authorities*. London: Sport England.

Sport England. (1999b). *The Value of Sport*. London: Sport England.

Sport England. (2000). *Young People and Sport National Survey 1999: Headline Findings*. London: Sport England.

Sport England. (2001). *Sport Action Zones: Report on the Establishment of the First 12 Zones: Issues, Successes and Lessons for the Future*. London: Sport England.

Sport England. (2002). *Women's Participation in Sport: Fact Sheet*. London: Sport England.

Sport England. (2003a). *Sport Action Zones*. [online]. http://archive.sportenglandpublications.org.uk/whatwedo/active_commune/zones.htm. [accessed 30 October 2003].

Sport England. (2003b). *Young People and Sport in England, 1994-2002*. London: Sport England.

Sport England. (2003c). *Young People and Sport in England, 2002: A Survey of Young People and PE Teachers*. London: Sport England.

Sport England (2004a). *The Framework for Sport in England. Making England an Active and Successful Sporting Nation: A Vision for 2020*. London: Sport England.

Sport England (2004b). *Driving Up Participation: The Challenge for Sport*. [online]. www.sportengland.org/driving_up_participation_full_review.pdf. [accessed 14 January 2005].

Sport England (2004c). *Turning Ambition into Reality: The North East Regional Plan for Sport and Physical Activity, 2004-2008*. Sport England North East.

Stake, R. E. (1995). *The Art of Case Study Research*. London: Sage.

Stake, R. E. (2003). Case Studies. In N. K. Denzin and Y. S. Lincoln (eds), *Strategies of Qualitative Inquiry*, 134-164. California: Sage.

Stame, N. (2004). Theory-Based Evaluation and Types of Complexity. *Evaluation*, **10** (1): 58-76.

Strauss, R. S., Rodzilsky, D., Burack, G. and Colin, M. (2001). Psychosocial Correlates of Physical Activity in Healthy Children. *Archives of Paediatrics and Adolescent Medicine*, **155**: 897-902.

Stroebe, W. and Stroebe, M. S. (1995). *Social Psychology and Health*. Buckingham: OUP.

Stronks, K., van de Mheen, H. D. and Mackenback, J. P. (1998). A Higher Prevalence of Health Problems in Low Income Groups: Does it Reflect Deprivation? *Journal of Epidemiological and Community Health*, **52**: 548-557.

Sustrans (2006). *Sustainable Transport for Wales: Time for Change*. Cardiff: Transport for Quality of Life Sustrans Cymru.

Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I., Taggart, B. and Elliot, K. (2003). *The Effective Provision of Pre-school Education (EPPE) Project: Findings for the Pre-School Period*. London: Institute of Education.

Taylor, W. C., Baranowski, T. and Young, D. R. (1998). Physical Activity Interventions in Low-Income, Ethnic Minority, and Populations with Disability. *Journal of Preventive Medicine*, **15** (4): 334-343.

Teachernet (no date) *Physical Education and School Sport*. [online]. <http://www.teachernet.gov.uk/teachingandlearning/subjects/pe/>. [accessed 29 October 2006].

Telama, R., Yang, X., Laakso, L. and Viikari, J. (1997). Physical Activity in Childhood and Adolescence as Predictor of Physical Activity in Young Adulthood. *American Journal of Preventive Medicine*, **13**: 317-23.

Thomas, J. R. and Nelson, J. K. (1996). *Research Methods in Physical Activity* (3rd Ed). Illinois: Human Kinetics.

Townsend, P. (1987). Deprivation, *Journal of Social Policy*, **16** (1): 125-146.

Trenberth, L. and Dewe, P. (2002). The Importance of Leisure as a Means of Coping with Work Related Stress: An Exploratory Study. *Counselling Psychology Quarterly*, **15** (1): 59-72.

Trew, K., Scully, D., Kremer, J. and Ogle, S. (1999). Sport, Leisure and Perceived Self-Competence among Male and Female Adolescents. *European Physical Education Review*, **5** (1): 53-73.

Trost, S. G., Owen, N., Bauman, A. E., Sallis, J. F., and Brown, W. (2002). Correlates of Adults' Participation in Physical Activity: Review and Update. *Medicine and Science in Sports and Exercise*, **34** (12): 1996-2001.

Turok, I., O'Siochru, S. and Zimmer-Hegmann, R. (1998). *Inclusive Cities: Building Local Capacity for Development*. Final Report for the European Commission, DG XVI and Glasgow Development Agency. Glasgow: University of Glasgow.

Turrell, G. and Mathers, C. D. (2000). Socioeconomic Status and Health in Australia. *Medical Journal of Australia*, **179** (6): 325-6.

van de Mheen, H., Stronks, K., Looman, C. W. N. and Mackenbach, J. P. (1998). Does Childhood Socioeconomic Status Influence Adult Health Through Behavioural Factors? *International Journal of Epidemiology*, **27**: 431-137.

Vassallo, S., Smart, D., Sanson, A., Dussuyer, I., McKendry, B., Toumbourou, J., Prior, M. and Oberklaid, F. (2002). *Patterns and Precursors of Adolescent Antisocial Behaviour*. Melbourne: Australian Institute of Family Studies, Crime Prevention Victoria, Department of Justice.

Verschuren, P. and Doorewaard, H. (1999). *Designing a Research Project*. Holland: Lemma.

Vescio, J., Wilde, K. and Crosswhite, J. J. (2005). Profiling Sport Role Models to Enhance Initiatives for Adolescent Girls in Physical Education and Sport. *European Physical Education Review*, **11** (2): 153-170.

- von Wright, G. H. (1971). *Explanation and Understanding*. London: Routledge
- Waddington, I. (2000). Sport and Health: A Sociological Perspective. In J. J. Coakley and E. Dunning. (eds), *Handbook of Sports Studies*, 408-421. London: Sage.
- Waddington, I., Malcolm, T. and Green, K. (2006). Sport, Health and Physical Education: A Reconsideration. *European Physical Education Review*, 3 (2): 165-182.
- Wadsworth M. (1997). Changing Social Factors and their Long-term Implications for Health. *British Medical Bulletin*, 53: 198-209.
- Wang, C. K. J. and Biddle, S. J. H. (2001). Young People's Motivational Profiles in Physical Activity: A Cluster Analysis. *Journal of Sport and Exercise Psychology*, 23 (1): 1-22.
- Weatherburn, D. (1992). *Economic Adversity and Crime*. Canberra: Australian Institute of Criminology.
- Weiss, C. (1997). Theory-Based Evaluation: Past, Present and Future. *New Directions for Evaluation*, 76: 41-55.
- Wilson, N. and McLean, S. (1994) *Questionnaire Design: A Practical Introduction*. Co. Antrim: University of Ulster Press.
- Women's Sports Foundation. (2004) *Her Life Depends On It: Sport, Physical Activity and the Health and Well-being of American Girls*. East Meadow NY: Women's Sports Foundation US.
- Woods, P. (1986). *Inside Schools: Ethnography in Educational Research*. London: Routledge.

World Health Organisation (1958). *The First Ten Years of the World Health Organisation*. Geneva: World Health Organisation.

World Health Organisation (2002). *World Health Report*. Geneva: World Health Organisation.

World Health Organisation. (2003). *Health and Development Through Physical Activity and Sport*. Switzerland: World Health Organisation.

Wright, J., Macdonald, D. and Groom, L. (2003). Physical Activity and Young People: Beyond Participation. *Sport, Education and Society*, **8** (1): 17-33.

Yin, R. K. (1989). *Case Study Research, Design and Methods*. London: Sage.

Yin, R. K. (1994). *Case Study Research: Design and Methods*. London: Sage.

Yin, R. K. (1994). Discovering the Future of the Case Study Method in Evaluation Research. *Evaluation Practice*, **15**: 283-290.

Young, J. (1999). *The Exclusive Society*. London: Sage.

Youth Justice Board. (2004). *A Review of the Reformed Youth Justice System* (Audit Commission, January 2004)

Youth Justice Board (2005). *Role of Risk and Protection Factors*. London: YJB.

YWCA (2001). *Obesity Briefings*. [online].
<http://www.ywca.co.uk/docs/Obesitybriefing.pdf>. [accessed 15 January 2004].

Zimbardo, P., Ebbesen, E. and Maslach, C. (1977). *Influencing Attitudes and Changing Behaviour*. California: Addison-Wesley.

APPENDIX A

WALKING THE WAY TO HEALTH QUESTIONNAIRE

This questionnaire is necessary to facilitate the monitoring and evaluation of the Wear Valley Sport Action Zone, in which 'Walking the Way to Health' is a related initiative. The University of Durham have been commissioned by Sport England to undertake the evaluation of the zone.

The information received will be anonymous, treated confidentially and used to inform the development of the Walking the Way to Health initiative and highlight, from a participant's point of view, any strengths and weaknesses that may exist.

Your response will be of great value in helping us to provide a thorough evaluation of the walks that have been established as part of the Walking the Way to Health initiative and used to aid future progress.

Please return the completed questionnaire in the stamped addressed envelope provided.

Thank you for your time and co-operation,

Lucy Wheatley
Durham University.

Participant Questionnaire

1. Date of Birth (dd/mm/yy)

2. Male/Female

3. Postcode

4. How many times per week do you currently take part in moderate physical activity lasting for at least half an hour? i.e. an activity that leaves you feeling slightly out of breath. (please circle)

N° of times per week: 0 1 2 3 4 5 6+

5. Before you started to take part in the walks, how many times a week did you take part in any form of physical activity lasting for at least half an hour? (please circle)

N° of times per week: 0 1 2 3 4 5 6+

6. How often do/did you take part in the walks? (please circle)

N° of times per month: 1-4 5-8 9-12 13-16 17-20

7. Ideally, how long *would you like* to continue taking part in these walks? (please circle)

For the next: 6 months 1yr 2yrs 3yrs Life

8. If the walks were to stop, do you think you would continue to keep exercising on a regular basis? (Please circle). Please give your reasons.

Yes

No

9. Do you think your level of physical activity has increased as a result of taking part in the walks? (please circle)

Yes

No

10. Do you experience any difficulties in taking part in the walks? (Please circle).
If so, please specify.

Yes

No.....

11. How do/did you travel to where the walks are held? (please circle)

Walk Cycle Bus Taxi Car

12. On average, how far do/did you travel to get to the meeting place of the walks? (please circle)

Nº of miles: <1 1-3 4-6 7-9 10+

13. Do/did you incur any costs? For example, travelling costs, kit/equipment. (Please circle). If so, please specify what these costs are/were.

Yes.....

No

14. Please give your reasons for taking part in these walks. With the help of the key below, circle one number in each line indicating how important each reason was for you.

Improved Social Life

Very important	1	2	3	4	5	Not at all important
----------------	---	---	---	---	---	----------------------

Improved Health

Very important	1	2	3	4	5	Not at all important
----------------	---	---	---	---	---	----------------------

Enjoyment

Very important	1	2	3	4	5	Not at all important
----------------	---	---	---	---	---	----------------------

Feeling better about yourself

Very important	1	2	3	4	5	Not at all important
----------------	---	---	---	---	---	----------------------

15. From your experience, do you think that the walks are/were well organised? **(Please circle)**. Please give your reasons why.

Yes

No

16. Having taken part in the organised walks do you now walk more independently? **(Please circle)**. If so, please specify what walking you do.

Yes

No

17. How did you find out about the walks? **(please circle)**

Leaflets	Posters	Word of Mouth
Newspaper	Doctor	Other

18. Who encouraged you to get involved on the walks? **(please circle)**

Family	Friends	Doctor
Yourself	Other	

19. Are any of your friends/relatives *aware* of the walks? (Please circle). Please give more details if possible.

Yes

No

20. Do any of your friends/relatives *take part* in the walks? (Please circle). Please give more details if possible.

Yes

No

21. Do you think the walks are promoted well enough? (Please circle). Please give your reasons.

Yes

No

22. If you had a choice, what type of physical activity would you most like to take part in?

Activity:

23. Are you a volunteer walk leader? (please circle)

Yes

No

24. Are you interested in becoming a volunteer walk leader? (please circle)

Yes

No

Additional Information

25. What is your occupation/job?

26. Please indicate your approximate annual household income? (please circle)

< £10,000	£10,000-£15,000	£15,000-£20,000
£20,000-£25,000	£25,000-£30,000	> £30,000

27. Please use the space below to make any other comments about the walks you have attended.

Modern Apprentice Questionnaire

Please find enclosed a questionnaire regarding the Modern Apprentice Scheme that is being run in conjunction with the Wear Valley Sport Action Zone. I am aware that you are currently undertaking a placement as a Modern Apprentice and would like to find out a little more about your job. As the evaluator of the Sport Action Zone I would be most grateful if you would take a little time to complete the questionnaire, answering as fully and honestly as possible, and return it in the stamped addressed envelope provided. All information will be anonymous and confidential. This information is an extremely valuable part of my research and will be used to demonstrate the effectiveness of both the Modern Apprentice Scheme, and the Sport Action Zone as a whole, thereby helping to inform any future developments.

Thank you for your time and co-operation,

Lucy Wheatley,
Durham University.

Section 1 – General Information

1. Date of Birth (dd/mm/yy) _____

2. Address _____

3. Gender (please circle): Male/Female

4. Marital Status (please circle):

Single

Married

Divorced

Widowed

Section 2 – Being a Modern Apprentice

5. How did you find out about the job?

6. Please give your reasons for applying for the position of Modern Apprentice.

7. In which year did you leave full time education (i.e. school/college)?

8. Please list any qualifications (and the grade where possible) you achieved on leaving full time education. (i.e. GCSE's, A-Levels, GNVQ's, etc)

9. Please list any qualifications you have achieved through the Modern Apprentice scheme.

10. Why do you think the Modern Apprentice positions were created?

11. On average. How many hours per week do you spend:

- a) Working out in the community?

- b) Working in a sports complex?

- c) Other?

13. When working in the community, what kind of activities do you take part in?

14. When working in the sports complex, what kind of activities do you take part in?

15. What, if anything, are you aiming to achieve by the end of your placement?

16. Do you think that the Modern Apprentices are of benefit to the local community?
If so, please describe how.

17. How enjoyable do you find your job? (Please circle).

- Extremely enjoyable
- Very enjoyable
- Enjoyable
- Not very enjoyable
- Not at all enjoyable

18. What do you like or dislike about your job?

19. Do you currently have another job?

20. If so, please provide a brief description of your job.

21. Do you think that your placement as a Modern Apprentice will help you to get the job you want? If so, how?

22. What job do you hope to attain?

Section 3 – Participants and Activities

23. How does the local community find out about the activities provided?

24. Do you think that the participants enjoy the activities they take part in? Please give your reasons.

25. Do you think that the facilities you used could be improved in any way?

26. Do you think the facilities are easily accessible to all sectors of the local community? (e.g. disabled)

27. Do you feel that you have adequate provisions to help you carry out your job to your best ability? (i.e. is there adequate equipment, do you receive help when you need it, etc).

Please use the space below to comment on any other issues you feel are important.

Thank you for your time.

CONSENT FORM FOR INTERVIEWS

The purpose of this research is to evaluate the scheme, **“Walking the Way to Health.”**

Lucy Wheatley, a PhD student from Durham University will be conducting the research. The valuable data will be used for Lucy’s PhD study.

Lucy will attend the walks organised in Wear Valley and, with permission, will interview participants on the walks using a dictaphone. The questions asked will find the type of people that go on the walks and their opinions and views about the walks. There are no right or wrong answers and it is important the walkers say what is felt, as this feedback may help to improve the scheme.

Information given by the walkers will remain confidential and anonymous (ie. names will not be recorded during interviews)

If you have any questions please do not hesitate to ask

Thank you very much

If you agree to be in this study please print and sign your name below:

<u>NO.</u>	<u>PRINT NAME</u>	<u>SIGNATURE</u>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

Walking the Way to Health Interviews

WHI Primary Information

1. Walking Group Name:
2. Date:
3. Venue of Walk:
4. Length of walk:
5. Researcher Name:

Questions

1. Participant code (name of walking group and interview number)
2. Date of Birth?
3. Male / Female?
4. Postcode?
5. Ethnicity?

6. What is your marital status?
7. What qualifications did you achieve on leaving full time education?
8. What is your job / occupation? Retired, student, unemployed and employed (state specific job)- (categorise job later = manual, service, junior, senior, management, administrators etc part or full time)
9. Do you own your own car?
10. With regards to your Accommodation, is it rented, home owned or mortgaged or sheltered housing?
11. How many times per week do you currently participate in moderate physical activity lasting for at least 30 minutes?
12. What other physical activities apart from walking do you currently partake in?
13. Before you started this walking scheme, how many times a week did you take part in any form of physical activity lasting at least 30 minutes?
14. Self –reported health status: Is your health excellent, very good, good, fair or poor? What ailments do you suffer from?

15. When did you join this walking group?
16. How often do you come with this walking group?
17. Do you walk with any other walking groups?
18. How do you usually travel to the walks?
19. How far do you usually travel to get to the walks?
20. Have you incurred any travelling costs?
21. Have you incurred any other costs for taking part in the walks? (i.e. kit/
equipment)
22. How did you hear about the walks?
23. Do you think the scheme is marketed and promoted well enough?
24. What are your reasons for joining the walks?
25. What are the benefits of doing the walks?

26. Are you more aware of the benefits of exercise from joining the walking group?
27. Did you start participating on the advice of your GP? (one target of sport action zone)
28. Have you had to visit the doctor less frequently since walking?
29. Have you changed your transport usage due to going on these walks – i.e. tended to walk to places like shops rather than drive?
30. Are the walks meeting your expectations? (right distance, terrain and pace)
31. Do you experience any difficulties with the walks?
32. How could they be improved? (i.e. time of day of walks etc)
33. Has your knowledge of the local area improved?
34. Do you walk independently? How long for?
35. Have you been on any of the walks the WHI has way-marked? If not do you intend to?

- 36. Would you ever go on walks that you have done with your group on your own?
- 37. Would you be interested in becoming a walk leader?
- 38. Are the leaders approachable, motivating and encouraging?
- 39. Will you continue doing walks next year?
- 40. Would you recommend to friends?
- 41. Would you miss the walking groups if they were to cease?

WEAR VALLEY SPORT ACTION ZONE CPAC DISCUSSION GROUP

As part of the Wear Valley Sport Action Zone, I am looking at the attitudes and behaviours of young people with regard to physical activity. This work is being done along with the University of Durham and is all part of the monitoring and evaluation process. I would like to invite you to take part in a group discussion to help me understand your thoughts and opinions. If you would like to take part you, along with 6-12 other people from your football session, will be part of the group discussion. It will take place during one of your football sessions at the Spectrum Leisure Centre sometime within the next couple of months.

I shall ask you questions about lifestyle; life/social experiences; physical activity and sport; education; crime/antisocial behaviour; and attitudes and behaviour. It is very important to note that all personal information will be kept confidential and will not be used in any way to identify individuals.

Anyone agreeing to be involved can at any time leave the group discussions. During the discussion, you may ask any questions related to the discussions. To make sure all information is recorded accurately, a Dictaphone will be used. The tapes will be kept until the end of the research project and then destroyed. I am the only person who will have access to these tapes. (If you would like to see them destroyed this can be arranged).

Please sign below if you agree to be involved in the discussion groups and return the slip to the person in charge of your football session next week.

I hereby confirm that I have read and understand the information presented in the explanatory statement and thereby consent to my attendance at the interview specified when the person in charge of the interview will be an approved agent of the Wear Valley Sport Action Zone.

Name of young person
Signature (parent/guardian)
Signature (young person)
Date

Community Physical Activity Coordinators Focus Groups

CPAC Questions

Lifestyle

1. Just to get us started, tell me a little bit about what you have been up to today.
2. Give me an idea of what you all normally do on a typical day.
3. Is there anything you look forward to on a weekly basis?
4. What would you normally do if you were bored?
5. Tell me about the area in which you live. Do you like it? What is there to do for people your age? Is there anything you would do to change the area in which you live?

CPAC Sessions

6. Did you know that these sessions are part of something called a Sport Action Zone?
7. Does anyone know what a Sport Action Zone is?
8. How often do you take part in the football sessions here?

9. Do you take part in any other activities that Darren and Wayne are in charge of?

10. Do you take part in any other activities?

11. Which activities do you enjoy the most?

12. Why do you enjoy them?

13. If you weren't taking part in these activities what do you think you would be doing instead?

14. Do you think there are enough opportunities in this area to take part in the activities you want to?

15. Are there any barriers or problems preventing you from taking part in activities you want to participate in?

Education

16. What about school? How many of you still go to school? Do you like it? If so/not, why? Do you go to school every day?

17. What do those of you that have finished school do now?

18. Have you ever taken any exams? If so, which? Did you pass them?

19. What would you all like to do when you are older? Is there a specific job you would like to be able to do? Where in the country would you like to work and live? Why?

Crime/Antisocial Behaviour

20. Have you ever been in trouble with the police? What for? Did you think you would get into trouble? If so, why did you do it?
21. Do you know many people who get into trouble with the Police? If so, what do they get into trouble for?
22. Do you ever feel pressured by the people you hang around with to do things you don't really want to do? Can you give me an example?

Attitude/Behaviour Change

23. I'd like you to take a couple of minutes to think about whether you have changed at all as a result of taking part in these football sessions? If so, how do you think you have changed? How are you different now in comparison to how you were before you started the sessions? Has it had an impact on your life in any way, positive or negative? If so, how? (Development of social skills, etc).

24. What do you think of the football sessions? Is there anything you would do to change them?

25. Do you have any further suggestions or any other issues you would like to raise?

CONSENT FORM FOR POSITIVE FUTURES INTERVIEWS

As part of my research into the Wear Valley Sport Action Zone, I am looking at the attitudes and behaviours of adolescents with an emphasis on physical activity. As part of this research I would like to interview your son/daughter to increase my knowledge and understanding in this particular area.

This research is being undertaken in conjunction with the **University of Durham** and the Wear Valley **Positive Futures** scheme, and will form part of the required monitoring and evaluation process of the Wear Valley Sport Action Zone.

The benefits of this research will be an increased understanding of the Positive Futures scheme from the perception of its participants and an increased awareness of the attitudes and behaviours of individuals regarding involvement in such an initiative.

I shall ask your child questions relating to the following 6 topics: Lifestyle; life/social experiences; education; crime/antisocial behaviour; Positive Futures activities; and attitude/behaviour change. However, it is important to note that all information recorded will be anonymous and confidential and therefore no information that could lead to the identification of any individual will be disclosed in any reports or to any other party. No identifiable personal data will be published.

Involvement in the interview is completely voluntary and as such it is your child's right to withdraw from the interview at any point in time. During the interview, your child may ask the interviewer questions related to the interview at any moment in time. To ensure all information is recorded as accurately as possible, a Dictaphone shall be used. The tapes shall be kept until the end of the research project and subsequently erased. I am the only person who will have access to the tapes at any time but your child has the right to witness their erasure if desired.

I hereby confirm that I have read and understand the information presented in the explanatory statement and thereby consent to the attendance of my son/daughter at the interview specified, when the person in charge of the interview will be an approved agent of Positive Futures.

Name of young person
Date
Name of parent/guardian (printed)
Signature of parent/guardian

Positive Futures Interviews

PF Questions

Lifestyle

1. Just so you get used to the Dictaphone being there, tell me a little bit about what you have been up to today.
2. Run through a typical day in your life, from when you wake up to when you go to bed.
3. Is there anything you look forward to on a weekly basis?
4. What would you normally do if you were bored?

Life/Social Experiences

5. Tell me about the area in which you live. Do you like it? What is there to do for people your age? Is there anything you would do to change the area you live?
6. Tell me about your life when you were younger? Did you enjoy it? Did you ever get the chance to take part in things you wanted to do?
7. Describe your family life now. Who do you live with? Do you have a big family? Do you get on with everyone? If not, why? Do your mum and dad have a job?

8. Do you, or does anyone in your family, own a car?
9. What about your friends? Do you have many close friends? Do they live in the same area as you and hang around with you?
10. Have you ever visited any towns or cities outside of the North East of England?
If not, would you like to?
11. Have you ever been abroad? If not, would you like to?

Education

12. What about school? Do you like school? If so/not, why? Do you go to school every day?
13. Have you ever taken any exams? If so, which? Did you pass them?
14. What would you like to do when you are older? Is there a specific job you would like to be able to do? Where in the country would you like to work and live?

Crime/Antisocial Behaviour

15. Have you ever been in trouble with the police? What for? Did you think you would get into trouble? If so, why did you do it?

16. Do you know many people who get into trouble with the Police? If so, what do they get into trouble for?

17. Do you ever feel pressured by the people you hang around with to do things you don't really want to do? Can you give me an example?

Positive Futures Activities

18. How often do you take part in the activities that Ian Hirst runs?

19. What type of activities do you take part in?

20. Which activities do you enjoy the most?

21. Why do you enjoy them?

22. If you weren't taking part in these activities what do you think you would be doing instead?

23. Would you like the chance to take part in similar activities more often?

Attitude/Behaviour Change

24. Do you think you have changed at all as a result of taking part in the Positive Futures scheme? If so, how do you think you have changed? How are you different now in comparison to how you were before you entered the scheme?
25. What do you think of the Positive Futures scheme? Is there anything you would do to change it?

Project Leader Interviews

1. After 3 years of 'on the ground' activities, would you say that your project has been a success?
2. What are your reasons for saying this?
 - a. How do you measure this success?
 - b. What do you think are the main benefits of your project?
3. Have you encountered any problems along the way?
 - a. Why do you think this has been the case?
 - b. To what extent and how did you overcome these problems?
4. Given your experience as a project coordinator, do you think there are any areas of concern/can you foresee any future problems?
5. Describe how your project activities are run and managed on day to day basis.
6. What are the main aims/targets that you hope to achieve?
 - a. Who set these targets?
 - b. What is the timescale of these targets?
7. What is your target audience?
8. How does the project attract participants?
 - a. What marketing methods do you employ?
9. How is the project funded?
10. Do you think that your project and the SAZ as a whole will provide a realistic means of sustainable physical activity for the local community?
11. What is your overall opinion of the SAZ?
12. Do you have any suggestions as to how the SAZ can be improved?
 - a. Are there any changes that you think need to be made?
13. Why do you think there is a bigger gender difference in certain areas? i.e. Woodhouse Close, St Helen's and Henknowle, and Willington and Crook (CPAC's).

APPENDIX B

SAZ MAGNET FUND BUSINESS PLAN TEMPLATE

Please complete and return to the following address.

**Sport England Lottery Fund
PO Box 649
London
WC1H 0QS**

December 2001

SECTION 1

ORGANISATION DETAILS

NOTE

When completing the sections of this application form
Please copy and paste this tick ✓ into the boxes where appropriate.

a) Name of Sport Action Zone

WEAR VALLEY

b) Name of Host Agency.

WEAR VALLEY DISTRICT COUNCIL

c) URN

d) Please provide the following details for the main contact person from the applicant organisation.

Title

Forename

Organisation

Job Title

Address

Town

County

Post Code

Phone

SECTION 2 PROJECT DETAILS

Note:
You will need to complete a Section 2 for each project that you wish to seek funding for this years programme.

Project Title
Action Research Project (Action Plan Ref SI 1)

1 PARTNERS

a) Please list your project partners

Durham University

b) Please list the wards in your area, which will benefit from the proposed project.

ALL

2 PROJECT DETAILS

a) Please provide a summary of the proposed project.

This project will put in place the means to effectively monitor and evaluate the projects put in place by the SAZ in attempting to truly evaluate the success of SAZ designation in widening participation in deprived areas in physical activity and sport. The project will also address the contribution made to meeting the key floor targets set by the Government for neighbourhood Renewal Funding. Durham University will undertake this work by providing dedicated resource to undertaking a direct role in assisting the development of the Action Plan. Evaluation of the Zone from the outset will

- Analyse and use as baseline info the information collected from Community appraisals currently being undertaken
- Establish areas of weakness in the project through data collection
- Identify key data and information that is not being collected
- Assist and inform the development of the Action Plan throughout its life time.
- Liaise with the National Team undertaking Monitoring and Evaluation.

Funding from SAZ will be used to fund a dedicated post to undertake this work in Partnership with the University

b) How does the proposed project reflect your Needs Assessment and Action Plan?

Project specifically identified within Action Plan Reference

Sport and Social Inclusion – SII

c) Please list the outcomes as identified in your Action Plan that the project will meet

Policy Outcomes & Performance Indicators

Will contribute to All. Detail to be jointly agreed.

Effective way to truly evaluate on a ward basis the success of SAZ designation in widening participation in deprived areas in physical activity and sport.

3 OPERATIONAL MANAGEMENT

a) Please describe the operational/ management arrangements for the project

Post to be hosted by Durham University with direct line management responsibility to the Director of Sport, Durham University.

Salary costs and travel will be funded by SAZ with the University providing all support services including office space, infrastructure support, eg phones stationery and supervision of the evaluation

Initial stages

At the outset there will be a need for the agency undertaking the monitoring and evaluation to meet key personnel to come to terms with the history, format and make up of Sport Action Zones. At a local level there will be a need to meet with key personnel on a regular basis in the early part of the programme in order to ensure a full understanding of the Action Plan and the areas that would subsequently need evaluation. Individual meetings would have to be arranged with key partners to establish their precise involvement with the project band to ascertain their overall aspirations

Sport Action Zone Projects

There will be a need to identify, on an on-going basis, the projects to be evaluated throughout the five year period, to establish criteria and targets to be evaluated and to agree report back mechanisms and timing of report back procedures. If the project evaluation is to inform on-going delivery, then procedures will need to be consistent and informative

Evaluating Individual Projects

Each project will require a named contact person. The evaluator will need to understand the project and there will need to be common agreement as to the tools to be used for the evaluation and agreement as to the targets to be evaluated.

The evaluation will include all partners involved in the delivery and selected participants involved in the project. All projects will need ongoing visits in order to ensure that the evaluation itself will help to shape the project as it develops.

Whilst there will be a need to remain outside the Sport Action Zone project as a neutral evaluator, the need to inform the projects as they develop will require a close working relationship with the SAZ Partnership. If the Partnership is to get real value for money from the monitoring and evaluation process, then the need for the agency appointed to be seen as a pro-active force in the shaping of the Sport Action Zone process is crucial.

4 FINANCE

COSTS

- a) Please provide a breakdown of the costs for your project including projected costs for the lifetime of your project where appropriate.

Budget Heading	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Total
Salary	3,125.00	12,750.00	13,196.25	13,658.12	14,136.15	10,973.19	67,838.71
Admin Costs	75.00	250.00	258.75	267.81	277.18	200.00	1,328.74
Travel & Subsistence	625.00	2,500.00	2,587.50	2,678.06	2,771.79	2,138.00	13,300.36
Start Up Costs			-	-	-	-	-
Marketing			-	-	-	-	-
Training			-	-	-	-	-
Equipment	1,300.00		-	-	-	-	1,300.00
Pump Primer			-	-	-	-	-
Other	750.00	3,000.00	3,105.00	3,213.68	3,326.15	3,442.57	16,837.40
Totals	5,875.00	18,500.00	19,147.50	19,817.66	20,511.28	16,753.76	100,605.20
							-

- b) Please tick the box to confirm that you are attaching a **DETAILED** (ie itemised) breakdown of how each of the above budget headings were calculated.

☐

FUNDING

- c) Please provide a breakdown of any partnership funding contributions towards the cost of the project. Tick the box to confirm that you have provided written evidence of partnership funding as appropriate.

PARTNERSHIP FUNDING	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Totals
Durham University	2050	3000	3105	3213.68	3326.15	2250	16944.83
TOTALS	2050	3000	3105	3213.68	3326.15	2250	16944.83

SHORTFALL (The Magnet Fund) - the amount we consider for an award

d) Please calculate the grant from the Magnet Fund (shortfall) by using the calculation below for each year where appropriate.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Total estimated costs (Q 4a)	5875	18500	19147.50	19817.66	20511.28	16753.76	100605.
Total funding (Q 4c)	2050	3000	3105	3213.68	3326.15	2250	16944.83
Shortfall (Q 4a minus Q 4c)	3825	15500	16042.50	16603.99	17185.13	14503.76	83660.38

5 CONTRIBUTIONS ‘IN KIND’

a) This refers to any goods or services that will be contributed to the project free of charge in relation to the above. You will need to provide estimated values of theses contributions and name the contributors. Please tick the box to confirm that you have provided evidence to the value of the ‘contribution in kind’.

CONTRIBUTOR	FOR	£	✓
Durham University	Personnel Support	25000	
	Payroll & Accounting	25000	
TOTAL		50000	

SECTION 2 PROJECT DETAILS

Note:

You will need to complete a Section 2 for each project that you wish to seek funding for this years programme.

Project Title

Alternative Service Delivery Centre and Coach Education Centre (SR4 &E1)

1 PARTNERS

a) Please list your project partners

Dales Primary Care Group
Bishop Auckland College
Durham County Council Community Education
Bishop Barrington and St Johns Comprehensive Schools
Glenholme Youth Project

b) Please list the wards in your area, which will benefit from the proposed project.

All with initial focus on South Bishop Auckland Cluster

2 PROJECT DETAILS

a) Please provide a summary of the proposed project.

The project is a feasibility study to investigate the provision of a new approach to the delivery of community services in Bishop Auckland and Crook. The model has as its priority the provision of cost effective service both in terms of facilities and personnel, giving access to the whole community to as wide a range of services as possible at a neighbourhood level. The model highlights the location of a strategic community services centre that will provide a wide range of integrated services. The centre will provide a wide range of facilities complemented by a range of disciplines all of which have service to the community at the heart of their remit in line with the key themes relating to health education, community safety, employment and regeneration. The feasibility will test this model and ascertain the appropriate mechanisms to achieve a new integrated way of achieving service delivery

b) How does the proposed project reflect your Needs Assessment and Action Plan?

Project directly identified in Needs Assessment and Action Plan Reference SR4. The SAZ Needs Assessment highlighted the need to address community service delivery and as part of the formulation of the SAZ Action Plan the SAZ Partnership endorsed the need to include this project within the Action Plan that was formulated during a 2-day facilitated session held by the Partnership. A commitment was made by the Partnership to commit SAZ funding to the development of feasibility work to further develop the concept. The feasibility work will identify a preferred option for the model and to seek a methodology to identify a preferred developer. Since the formulation of the Action Plan additional work has further highlighted the need as indicated below

Detailed analysis of the statistics relating to the floor targets within Wear Valley consistently highlights high levels of deprivation within Bishop Auckland.

Generally, 4 of the 9 identified most deprived 10% Wards nationally are located in Bishop Auckland (Woodhouse Close, St Helens, Coundon, Coundon Grange and Henknowle), with a fifth (West Auckland) in the 10-20% most deprived

The Sport Action Zone (SAZ) Needs Assessment highlights some key issues;

- The Benchmarking reports for Woodhouse Close Leisure Complex indicates serious shortcomings in relation to key performance indicators of % participation rates of 11-19 year olds, and % visits by Social Classes D&E from its catchment population.
- The Best Value process has highlighted the high levels of subsidy required to run Woodhouse Close Leisure Centre and concludes need to reconsider the traditional means of delivering leisure based activities by the District Council.
- Within the Bishop Auckland area there are clear examples of duplication of service by a variety of different service providers a lack of overall co-ordination and indeed an apparent unwillingness to even consider co-operation in some instances.
- There are clear issues surrounding community capacity that need to be addressed to ensure local communities can access services and funding.

Education

An examination of the statistics relating to the Education floor target reveals Bishop Auckland Schools prominent. Whilst demonstrating on-going improvement, Bishop Auckland Secondary Schools has fewer than 25% of its pupils achieving 5 GCSE's Grade A-C. In addition an examination of the Education deprivation rankings prominently feature Bishop Auckland Wards amongst the most deprived. The only secondary school in Bishop Auckland meeting the floor target at present is St Johns.

The SAZ needs assessment highlighted;

- Bishop Auckland Secondary Schools have clear facility deficiencies that impact on overall service delivery that cannot be resolved within the boundaries of the existing school site.
- Bishop Auckland College has insufficient facility space to maintain contact time with students outside teaching hours and has clear facility deficiencies
- A need for schools to work in strategic partnerships to assist with community based service delivery. Oakley Cross School was selected as a school to receive funding under the Space for Sport and Art Initiative

To ensure the improvement towards the floor targets, it is clearly of paramount importance these deficiencies are addressed.

Health

The Bishop Auckland wards of Henknowle, St Helens, Bishop Auckland Town, West Auckland have mortality rates 50% or more above the national average. Teenage pregnancy rates in Coundon (66/1000) and Woodhouse Close (35/1000) are considerably in excess of the national average. Consideration of the Health deprivation rankings again feature Bishop Auckland Wards as the most deprived.

The SAZ needs assessment highlighted several key issues in relation to health;

- The Primary Care Group acknowledges that its service delivery has to become community focused and its service delivery to be based within local communities working closely with key partners if it is to have a significant impact on improving health particularly in relation to Mortality rates, Teenage pregnancy and Coronary Heart Disease. Close working ties have been established with the District Council at Woodhouse Close Leisure Centre to deliver community based programmes relating to physical activity and active life styles, for example exercise referral, cardiac rehabilitation and more recently a key partnership has been established with Sure Start based in Bishop Auckland to further aid the process.
- The development of the CHOICE (Healthy Living Centre Bid) further acknowledges the need for key service providers to be working in partnership. The CHOICE bid also highlight real concerns relating to substance misuse, alcohol and smoking.

Crime

Whilst the floor targets for Crime are met within Wear Valley, there is evidence within the priority wards that demonstrate the floor targets are not being met. For example the burglary incident rate for Woodhouse Close is equivalent to 65% per 1000 households compared to a floor target of 22% and District average of 20.1%. The SAZ Needs Assessment demonstrated that other evidence-based work including Community Appraisals, and Community Safety Audits demonstrate significant levels of concern amongst key communities in the Bishop Auckland wards relating to fear of crime and to effects relating to young people hanging around on street corners etc. The Head of St Helen Auckland Primary School indicates he would be unable to run evening community activities as people do not leave their homes after dark for fear of crime.

Issues relating to engaging young people in key areas of Bishop Auckland is seen by service providers as being vital to addressing floor targets, not only for Crime, but for education, health and employment.

Employment

A familiar pattern is seen in relation to the Employment Deprivation rankings with the Woodhouse Close, St Helens and Henknowle ranked as the most deprived.

Key Issues related to this include the fact the Learning Partnership have identified a crucial need to expand work based placement opportunities and to define wider opportunities for training. Clearly the focus for this centres on Bishop Auckland College.

The SAZ Needs Assessment also indicates a need to increase opportunities for learning and training centred on sport and physical activity. This is to address shortages in qualified coaches and appropriately qualified physical activity instructors. It is also viewed as a way to retrain highly experienced older people who are no longer required in the labour market. As a consequence a proposal is contained within the SAZ Action Plan to establish a Coach education and training Centre focused at Bishop Auckland College, particularly in relation to nursery staff training and beauty therapy training and hair dressing.

A New Approach

It is important to recognise that if significant improvement is to be made within key areas towards achieving the designated floor targets a balanced approach between investment in physical infrastructure and people focussed services is critical. This has been highlighted previously in relation to Estate Action Initiatives where the emphasis was predominantly focussed on capital investment in

the Housing Stock with little or no reference to joined up thinking in relation to the other people issues.

The findings highlighted within the SAZ Needs Assessment further demonstrate the need for a balanced approach. These conclusions include;

- Consideration must be given to alternative community facilities for the delivery of key services. This to include informal play spaces, utilisation and expansion of existing community buildings, the development of new strategic facilities developed jointly by key partners including health, education, employment and community safety agencies and the private sector
- Consideration to the provision of a people focused approach to develop alternatives to service this new community infrastructure
- Develop a structured programme to develop informal community use that will provide opportunities for disengaged people to re-engage and then to move on.
- Develop opportunities for Health Providers to test new ways of service delivery by expanding the Healthy Living Centre work
- Develop a strategy to improve community capacity that will allow the strategy for the Zone to become self sustaining by the end of the 10 year funding support.
- Maximising opportunities for the involvement of the private sector

With this in mind the findings of the SAZ Needs Assessment initially prompted the SAZ Partnership to consider a vision for a model for service delivery for the future, placing sport and physical activity at its heart.

However, it soon became clear, that service delivery within Wear Valley in the future must be inter-linked with Community Service Development and Neighbourhood Renewal initiatives and the creation of Local Strategic Partnerships and Compacts. The conditions of the grant award for the Neighbourhood Renewal Initiative and the emphasis being placed on focusing service delivery at a neighbourhood level highlighted the need to consider an holistic approach to "community needs" that would be sustainable. This in turn presented an opportunity to consider the traditional means of engagement and service delivery from the Council and other partnership organisation.

c) Please list the outcomes as identified in your Action Plan that the project will meet

Outcomes and Performance Indicators

Policy Outcomes 1,2,3,4,6 & Associated PI's

Key Outcome will be the refocusing of Physical Activity and Sports development delivery in the light of the findings of the study to ensure access to services are maximised and that expenditure meets the community need identified in accordance with Best Value Principles.

Will place the SAZ at the heart of regeneration initiatives within Wear Valley.

Results of the feasibility study will identify a preferred option with associated finance

3 OPERATIONAL MANAGEMENT

a) Please describe the operational/ management arrangements for the project

Project Team comprising key partners has been formed hosted by Wear Valley District Council and co-ordinated by the SAZ Manager. Project Manager to be appointed to co-ordinate completion of the feasibility study.

Facilitated sessions to be held for partners to develop the brief.

Project team will manage the work of the Project Manager and other sub-consultants

4 FINANCE

COSTS

a) Please provide a breakdown of the costs for your project including projected costs for the lifetime of your project where appropriate.

BUDGET HEADING	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Salary (including on costs)							
Administrative costs							
Travel and Subsistence costs							
Start Up Costs							
Marketing and Communications							
Training and Capacity Building							
Equipment Costs							
Pump Primer							
Other	110,000	50,000					160,000
TOTALS	110,000	50,000					160,000

b) Please tick the box to confirm that you are attaching a **DETAILED** (ie itemised) breakdown of how each of the above budget headings were calculated.

☐

FUNDING

c) Please provide a breakdown of any partnership funding contributions towards the cost of the project. Tick the box to confirm that you have provided written evidence of partnership funding as appropriate.

PARTNERSHIP FUNDING	Year 1	Year 2	Year 3	Year 4	Year 5
Market Towns Initiative	30,000				
N-Hood Renewal	80,000				
TOTALS	110,000				

SHORTFALL (The Magnet Fund) - the amount we consider for an award

d) Please calculate the grant from the Magnet Fund (shortfall) by using the calculation below for each year where appropriate.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total estimated costs (Q 4a)	110,000	50,000				160,000
Total funding (Q 4c)	110,000					110,000
Shortfall (Q 4a minus Q 4c)		50,000				50,000

CONTRIBUTIONS ‘IN KIND’

b) This refers to any goods or services that will be contributed to the project free of charge in relation to the above. You will need to provide estimated values of theses contributions and name the contributors. Please tick the box to confirm that you have provided evidence to the value of the ‘contribution in kind’.

CONTRIBUTOR	FOR	£	✓
TOTAL			

SECTION 2 PROJECT DETAILS

Note:

You will need to complete a Section 2 for each project that you wish to seek funding for this years programme.

Project Title

Modern Apprentices Action Plan Rf E1

1 PARTNERS

a) Please list your project partners

Wear Valley DC
Learning Skills Council
Wear Valley Training Agency
Bishop Auckland College

b) Please list the wards in your area, which will benefit from the proposed project.

All

2 PROJECT DETAILS

a) Please provide a summary of the proposed project.

Provision of 6 new Modern Apprentice opportunities per annum (Opps for 30 people over 5 years) hosted by Wear Valley District Council to focus on the delivery of community based physical activities, expanding the Fit for Life Programme, and addressing skill shortages in the sports coaching field.

This project aims to satisfy 4 areas

- (i) To provide 6 different young people per annum in Wear Valley a quality training opportunity which will have a very real prospect of securing permanent work at the end of the scheme.
- (ii) To provide our community with qualified and enthusiastic staff to serve them in key areas such as swimming development, health and fitness and sports development.
- (iii) To actively seek to address the skills shortages that we currently face in key areas of our business as a community service provider.
- (iv) To champion an area of good employment practice as an example to the whole community.

The 6 young people per annum would be recruited to following a comprehensive recruitment and selection process. Following a 4 day induction they would all agree an individual training plan with their line manager.

The leisure trainees would then have a month generalist induction before moving to specialist areas. All the trainees would be actively involved in the community based special event programme such as the triathlon, road race and summer playscheme.

Each trainee would be allocated an NVQ assessor and work towards an appropriate NVQ level 2 and achievement of all aspects outlined in their own ITP.

All trainees are monitored and reviewed in line with all LSC requirements.

All trainees are given training in completion of job application forms and interview skills.

b) How does the proposed project reflect your Needs Assessment and Action Plan?

Specific Project Action Plan Reference E1.

Will address skill shortages identified in the Needs Assessment

Training opportunities offered will reflect identified skill shortages eg Gym Instructors, swimming teaching, & Community Fitness Instructors (Fit for Life Project)

c) Please list the outcomes as identified in your Action Plan that the project will meet

Policy Outcome and Performance Indicators
Policy Outcome 2 PI 2g, PO3 PI3f, PO4 PI\$a,b,c

Creation of 30 Training Places over a 5 year period:

10 Qualified swimming teachers achieved

10 Qualified Fitness Instructors achieved

10 Qualified Community Fitness Instructors achieved.

30 Young people achieving recognised qualifications

30 young people moving into full time employment

3 OPERATIONAL MANAGEMENT

a) Please describe the operational/ management arrangements for the project

Project will offer 6 foundation modern apprentices (FMA) to achieve NVQ Level 2 and Key Skills. Posts will be hosted by Wear Valley DC and work in partnership with Bishop Auckland College and Wear Valley Training Agency. Training is for an initial 12 month period.

The Staff training and development officer of the community services department would directly manage the leisure trainees, drawing upon experiences from having worked with young people in trainee positions since 1986.

In addition to this each trainee would be assigned a qualified NVQ assessor to guide them through their NVQ within their chosen specialist field. The NVQ qualification scheme will be externally verified as it is now on a twice yearly basis.

Trainees are always supervised by fully qualified staff and receive adequate information, instruction and training to allow them to do their tasks in a safe an acceptable way.

All leisure trainees are regarded and treat as employees of Wvdc and as such have the support of a host of other specialist officers, such as the Health and safety officer and Personnel officers. In addition to this all appropriate employment and health and safety legislation are adequately addressed on a corporate level.

4 FINANCE

COSTS

a) Please provide a breakdown of the costs for your project including projected costs for the lifetime of your project where appropriate.

Budget Heading	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Total
Salary		14,400.00	14,904.00	15,425.64	15,965.54	16,524.33	77,219.51
Admin Costs		6,060.00	6,272.10	6,491.62	6,718.83	6,953.99	32,496.54
Travel & Subsistence		4,320.00	4,471.20	4,627.69	4,789.66	4,957.30	23,165.85
Start Up Costs			-	-	-	-	-
Marketing		850.00	879.75	910.54	942.41	975.39	4,558.10
Training		3,000.00	3,105.00	3,213.68	3,326.15	3,442.57	16,087.40
Equipment		750.00	776.25	803.42	831.54	860.64	4,021.85
Pump Primer			-	-	-	-	-
Other			-	-	-	-	-
Totals		29,380.00	30,408.30	31,472.59	32,574.13	33,714.23	157,549.25

b) Please tick the box to confirm that you are attaching a **DETAILED** (ie itemised) breakdown of how each of the above budget headings were calculated.

☐

FUNDING

c) Please provide a breakdown of any partnership funding contributions towards the cost of the project. Tick the box to confirm that you have provided written evidence of partnership funding as appropriate.

PARTNERSHIP FUNDING	Yr1	Year 2	Year 3	Year 4	Year 5	Year 6	Totals
Wear Valley DC		7260	7514	7777	8049	8330	38930
Learning & Skills Council		6060	6272	6492	6719	6954	32497
Wear Valley Training		6060	6272	6492	6719	6954	32497
TOTALS		19380	20058	20761	21487	22238	103924

SHORTFALL (The Magnet Fund) - the amount we consider for an award

d) Please calculate the grant from the Magnet Fund (shortfall) by using the calculation below for each year where appropriate.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Total estimated costs (Q 4a)		29380	30408	31473	32574	33714	157549
Total funding (Q 4c)		19380	20058	20761	21487	22238	103924
Shortfall (Q 4a minus Q 4c)		10,000	10,350	10712	11087	11475	53624

CONTRIBUTIONS 'IN KIND'

b) This refers to any goods or services that will be contributed to the project free of charge in relation to the above. You will need to provide estimated values of theses contributions and name the contributors. Please tick the box to confirm that you have provided evidence to the value of the 'contribution in kind'.

CONTRIBUTOR	FOR	£	✓
WVDC	Staff Time	48905	
TOTAL			

SECTION 2 PROJECT DETAILS

Note:

You will need to complete a Section 2 for each project that you wish to seek funding for this years programme.

Project Title

Positive Futures Action Plan Ref SC2

1 PARTNERS

a) Please list your project partners

Durham County Council Youth Offending Service, Education and Social Service Departments
Drugs Action Team
Durham Agency against Crime
Community Safety Partnership
Youth Inclusion Project, St Helens
Durham Sport

b) Please list the wards in your area, which will benefit from the proposed project.

South Bishop Auckland Cluster – Bishop Auckland YIP

a) Please provide a summary of the proposed project.

SAZ has joined in a County-wide partnership that has successfully been awarded one of two networked Bids for Positive Futures

Positive Futures within the SAZ will focus on the Youth Inclusion Programme(YIP) focussed on South Bishop Auckland. The project is presently based in St Helens and has identified 100 young people who have offended or are considered to be at risk of offending. The main focus of the Positive Futures programme within Wear Valley will be to further build on this work by the provision of physical activity and sporting opportunities in partnership with the Sport Action Zone and Community Safety Partnership for Wear Valley.

The aim is to provide a guided menu of sporting experiences which young people will opt into and may never have considered, or been able to access, without this programme. It is also considered essential to carry out consultation with the young people involved to identify and develop the activities the young people would consider priorities. The sporting activities must have street credibility and provide positive adult role models and experiences for these young people. For those on supervision by the Youth Offending Team as the result of criminal activity, it will provide a part of their programme which aims to help young people use their leisure time constructively and develop basic and life skills and education in healthy living activities.

This will require the deployment of the right sort of staff to nurture young people and build their confidence. The aim will be to help Positive Futures schemes access sport and leisure activities which already exists and to create new activities which will engage the disengaged.

The key targets will be:

- young people exhibiting anti-social behaviour
- young people exhibiting alcohol and drugs misuse
- young people at risk of crime and substance misuse; young people subject to a Reprimand, Final Warning or Community Sentences including Persistent Young Offenders
- socially excluded young people i.e. those not in school

The project will also

- work closely with District Leisure Providers, schools and other agencies (e.g. Social Services and Looked After Children)
- link with professional sports to engage / enthuse young people
- involve locality-based sports
- Skills development via 'menu' of activities – to broaden young people's experience / provide challenge
- Education input: drugs education, social skills; life / basic skills; Health Related Fitness component (health, fitness and lifestyle of young people)
- Girls' sports to be provided (see section 9) - including single sex sports
- Wide range of individual and group sport activities, targeted to age groups, including specialist and popular ones e.g. canoeing, coasteering etc Incorporate outdoor education / residential activities (e.g. Durham Youth Enterprise Scheme, Howtown, camping via 'reward' system)
- Targeted programme to include 2 - 5 hours per week of physical activity / sport, additional study support (Youth Inclusion Programme model) per week

b) How does the proposed project reflect your Needs Assessment and Action Plan?

Directly Identified Action Plan Reference SC2

c) Please list the outcomes as identified in your Action Plan that the project will meet

Policy Outcomes & PI's

PO1 PI1fPO5, PO4, PI4a-c,PO3 P3Ea-f

Planned Outcomes

- Reduce offending by 25% over two years (in target group approx. 600 young people)
- Reduce reports of anti-social behaviour / nuisance calls in target wards by 25% (Info from Police)
- Drugs education / counselling / treatment
- Parental / carer involvement e.g. via DAAC Insight sessions and work with families
- 20% of target group to engage in mainstream sport provision by end of programme
- Intensive inclusion / education and training programme (DAAC, Copelaw, NOF, Schools, Youth Offending Team, Police, Connexions Adviser input) by end of programme
- Impact of programme to be individually monitored / assessed – via attitudinal survey, lifestyle, re-offending rates etc. Quantitative and qualitative monitoring and evaluation
- Accreditation via JSLA / BELA / Football coaching / outdoor education etc to raise self-esteem. BELA for 16 – 18 year olds. Staff at Howtown and other providers may be able to design a similar appropriate accreditation for target age group
- Development of peer training (by end of Year 1) – for sport and drugs education

3 OPERATIONAL MANAGEMENT

a) Please describe the operational/ management arrangements for the project

Project to be jointly managed by the SAZ and Community Safety Partnership.

Exact details to be formalised during the formulation of the overall Business Plan for the project in the next three months.

4

FINANCE

COSTS

a) Please provide a breakdown of the costs for your project including projected costs for the lifetime of your project where appropriate.

BUDGET HEADING	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Salary (including on costs)						
Administrative costs						
Travel and Subsistence costs						
Start Up Costs						
Monitoring & Evaluation						
Training and Capacity Building						
Equipment Costs						
Other		25000	25000			50,000
		25000	25000			50,000
TOTALS						

b) Please tick the box to confirm that you are attaching a **DETAILED** (ie itemised) breakdown of how each of the above budget headings were calculated.

☐

FUNDING

c) Please provide a breakdown of any partnership funding contributions towards the cost of the project. Tick the box to confirm that you have provided written evidence of partnership funding as appropriate.

PARTNERSHIP FUNDING	Year 1	Year 2	Year 3	Year 4	Year 5	Totals	✓
Community Safety Partnership		10,000	10,000			20,000	<input type="checkbox"/>
Positive Futures		10,000	10,000			20,000	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
TOTALS		20,000	20,000			40,000	<input type="checkbox"/>

SHORTFALL (The Magnet Fund) - the amount we consider for an award

d) Please calculate the grant from the Magnet Fund (shortfall) by using the calculation below for each year where appropriate.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total estimated costs (Q 4a)		25,000	25,000			50,000
Total funding (Q 4c)		20,000	20,000			40,000
Shortfall (Q 4a minus Q 4c)		5,000	5,000			10,000

CONTRIBUTIONS ‘IN KIND’

b) This refers to any goods or services that will be contributed to the project free of charge in relation to the above. You will need to provide estimated values of theses contributions and name the contributors. Please tick the box to confirm that you have provided evidence to the value of the ‘contribution in kind’.

CONTRIBUTOR	FOR	£	✓
To be determined			
TOTAL			

SECTION 2 PROJECT DETAILS

Note:
You will need to complete a Section 2 for each project that you wish to seek funding for this years programme.

1 PARTNERS

Project Title
Community Physical Activity Co-ordinators Action Plan Ref SC7 & SC3

a) Please list your project partners

Wear Valley DC
Durham County Council Community Education
Sunderland AFC
DE Paul Trust
Learning & Skills Council
Bishop Auckland College
School Sport Co-ordinator

b) Please list the wards in your area, which will benefit from the proposed project.

All

Initial delivery focus will be in South Bishop Auckland Cluster and the Upper Dale

2 PROJECT DETAILS

a) Please provide a summary of the proposed project.

Funding is to be made available from the Sport Action Zone and SRB funding allocated specifically for SAZ projects to appoint 3 Community Physical Activity Co-ordinators. It is proposed that the whole emphasis for these posts will be on the delivery of a co-ordinated programme of physical activity within local communities. The whole focus for these posts will be coaching delivery

It is proposed that one of the posts be hosted by Sunderland AFC with a remit to deliver a community focussed football development programme. This will initially focus on the South Bishop Auckland priority wards based in Woodhouse Close at the Youth and Community Centre, St Johns School and the Bishop Auckland College, St Helens (St Helen Auckland Primary School), West Auckland (Oakley Cross School) and the Henknowle estate. The work undertaken will clearly directly relate in the longer term to the strategic football pitch development based at Bishop Auckland College. This post will work very closely with the work undertaken at present with the District Council and the School Sport Co-ordinators. Sunderland AFC are aware of this proposal and have indicated a willingness to participate.

It is proposed two other posts be hosted by the District Council, but working to a remit jointly agreed by the Partnership to implement a wide range of community physical activity based in Bishop Auckland and for the Upper Dale

The whole project will be further underpinned by the redirection of resource within the Community Services department of the District Council and the Community Education Service and other providers

It is also hoped to liaise very closely with Positive Futures to ensure co-ordinated delivery of physical activity is sustained.

The work of the partnership will further expand with the appointment of the Walking the Way to Health Co-ordinator and as work develops with the Learning Skills Council and Bishop Auckland College.

b) How does the proposed project reflect your Needs Assessment and Action Plan?

The Sport Action Zone Needs Assessment identifies some key issues in relation to community focussed service delivery in relation to physical activity

- the need to deliver more community based physical activity programmes targeting key sections of the community, in particular young people but also the older sections of the community. Key areas that have been identified include the key estates and outlying settlements of Bishop Auckland, Crook/Willington and the Upper Dale.
- The Needs Assessment further suggested that in the light of the School Sport Co-ordinator programme, the District Council should consider shifting the focus of its present community development away from schools to be more focussed for delivery within local communities.
- There would appear to be considerable community development work being undertaken, but with little overall co-ordination or joint purpose
- There is duplication of sports focussed service delivery by different agencies.

Discussions with Sunderland AFC highlighted duplication of football development work into schools along with the District Council.

Discussions with Durham County Council Community Education have also highlighted a willingness to consider new ways of joint working to maximise the effect of community based service delivery. The SAZ has involved itself with the submission of a Positive Futures Bid, that if successful will bring resource for targeting socially excluded young people.

An approach has been received from the De Paul Trust, a registered charity working with the young homeless in Bishop Auckland. The Trust have successfully established a Sports Coaching Project in Newcastle that develops self esteem and life skills of socially excluded young people through the medium of sports. They wish to seek funding for a similar project in Bishop Auckland. Discussions are to take place with the Learning Skills Council

c) Please list the outcomes as identified in your Action Plan that the project will meet

Policy Outcomes & PI's 1f, 3,4,5,8,9

3 new jobs created

Increased participation in community focussed physical activity. This will be monitored by Durham University

3 OPERATIONAL MANAGEMENT

a)Please describe the operational/ management arrangements for the project

It is proposed to establish a Sport Action Zone Community Physical Activity Partnership chaired initially by the SAZ Manager comprising representatives from Wear Valley District Council, Durham County Council Community Education, the School Sport Co-ordinators, Sunderland AFC, Bishop Auckland College and the De Paul Trust. This partnership will set the overall strategic direction for the project delivery.

Initially after the Partnership is established the overall management role will be overseen on a day to day basis by the host organisations (Wear Valley DC and Sunderland AFC)

The day to day service delivery (ie management of he three posts will be undrtaken by the District Council Sport Development Unit (part of the Community Services Department)

AS dictated by an agreed implementation timetable, the initial day to day management of service delivery will be subjected to regular review and appropriate structures put in place to ensure input/involvement from all partners. This will involve the development of the exit strategy

The District Council will host two of the posts and Sunderland AFC will host the third and will be responsible for the day to day management of these posts. The host organisations are prepared to contribute office costs in kind. Durham County Council Community Education will provide staffing resource to assist with overall co-ordination of the programme.

4 FINANCE

COSTS

a) Please provide a breakdown of the costs for your project including projected costs for the lifetime of your project where appropriate.

Budget Heading	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Total
Salary		72,730.00	75,275.55	77,910.19			225,915.74
Admin Costs		2,000.00	2,070.00	2,142.45			6,212.45
Travel & Subsistence		2,116.00	2,190.06	2,266.71			6,572.77
Start Up Costs		350.00	362.25	374.93			1,087.18
Marketing		1,000.00	1,035.00	1,071.23			3,106.23
Training		500.00	517.50	535.61			1,553.11
Equipment		500.00	517.50	535.61			1,553.11
Pump Primer			-	-			-
Other		1,000.00	1,035.00	1,071.23			3,106.23
Totals		80,196.00	83,002.86	85,907.96			249,106.82

- b) Please tick the box to confirm that you are attaching a **DETAILED** (ie itemised) breakdown of how each of the above budget headings were calculated.

☐

FUNDING

- c) Please provide a breakdown of any partnership funding contributions towards the cost of the project. Tick the box to confirm that you have provided written evidence of partnership funding as appropriate.

PARTNERSHIP FUNDING	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Totals
Wvdc		10000	10350	10712			31062
SRB		20000	20000	20000			60000
TOTALS		30000	30350	30712			91062

SHORTFALL (The Magnet Fund) - the amount we consider for an award

- d) Please calculate the grant from the Magnet Fund (shortfall) by using the calculation below for each year where appropriate.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Total estimated costs (Q 4a)		80196	83003	85908			249107
Total funding (Q 4c)		30000	30350	30712			91062
Shortfall (Q 4a minus Q 4c)		50196	52653	55196			158045

CONTRIBUTIONS 'IN KIND'

- b) This refers to any goods or services that will be contributed to the project free of charge in relation to the above. You will need to provide estimated values of theses contributions and name the contributors. Please tick the box to confirm that you have provided evidence to the value of the 'contribution in kind'.

CONTRIBUTOR	FOR	£	✓
Wear Valley DC	Salary Costs & Equipment Loan	30885	
Sunderland AFC	Clothing (1post) &Equipment Loan	2097	
TOTAL		32982	

SECTION 2 PROJECT DETAILS

Note:

You will need to complete a Section 2 for each project that you wish to seek funding for this years programme.

1 PARTNERS

Project Title

Walking the Way to Health

Action Plan Reference: H4

a) Please list your project partners

Wear Valley DC
Age Concern
Dales PCG

b) Please list the wards in your area, which will benefit from the proposed project.

All

Initially focussed in Bishop Auckland and the Upper Dale

2 PROJECT DETAILS

a) Please provide a summary of the proposed project.

Provision of walking co-ordinator

The Community Services Department has a successful history of working with partner organisations, community groups and the media to promote and deliver a variety of health, activity and sports related initiatives. There exists a number of programmes with already established channels of communication via participation sessions, newsletters, support groups, etc. These include:

- GP Exercise Referrals
- Cardiac Rehabilitation initiatives
- PALS (Physically Active for Life Seniors)

Individuals from these groups have already indicated a willingness to participate in further walking options following "warm up" walks used in preparation for the Millennium Great North Walk as part of the Millennium Activity Experience 2000.

It is intended to use this Walking for Health initiative, funded by the Countryside Agency/British Heart Foundation and supported by the Dales Primary Care Group to further develop easily accessible

opportunities for health improving physical activity throughout Wear Valley. The SAZ Funding will directly contribute towards the training costs for the Walking Leaders. The creation of a pool of trained Leaders will contribute towards the sustainability of the project in the longer term

b) How does the proposed project reflect your Needs Assessment and Action Plan?

Project directly identified in the Action Plan Reference H4. No direct SAZ Funding Required

c) Please list the outcomes as identified in your Action Plan that the project will meet

Policy Outcomes & PI's 3, PI3a&3b,4,5,6?,9?

No of people taking part in led walks programme – 2400

No of people (5000)

- participate on the advice of their GP/ health professionals
- who walk more independently by reacting to walking related info
- who walk more as a result of making places safer and easier to walk
- who act upon self held information or advice about lifestyles

Volunteer Walk Leaders x12x3 years - 36

3 OPERATIONAL MANAGEMENT

a) Please describe the operational/ management arrangements for the project

Post to be hosted by Wear Valley District Council

4 **FINANCE**

COSTS

- a) Please provide a breakdown of the costs for your project including projected costs for the lifetime of your project where appropriate.
- b) Please tick the box to confirm that you are attaching a **DETAILED** (ie itemised) breakdown of how each of the above budget headings were calculated.

☐

FUNDING

Budget Heading	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Total
Salary		9,634.00	9,923.00	10,220.00			29,777.00
Admin Costs		3,927.00	3,985.00	4,044.00			11,956.00
Travel & Subsistence		600.00	400.00	500.00			1,500.00
Start Up Costs							-
Marketing		7,150.00	5,700.00	6,250.00			19,100.00
Training		3,110.00	3,870.00	4,270.00			11,250.00
Equipment		3,800.00	4,300.00	4,820.00			12,920.00
Pump Primer			-	-			-
Other		6,125.00	3,600.00	4,775.00			14,500.00
Totals		34,346.00	31,778.00	34,879.00			101,003.00

- c) Please provide a breakdown of any partnership funding contributions towards the cost of the project.
Tick the box to confirm that you have provided written evidence of partnership funding as appropriate.

PARTNERSHIP FUNDING	Year 1	Year 2	Year 3	Year 4		Total
WVDC		5,667.00	5,667.00	5,667.00		17,001.00
Dales PCG		8,000.00	8,000.00	8,000.00		24,000.00
SRB		2,834.00	2,834.00	2,834.00		8,502.00
NOF		16,833.00	16,833.00	16,834.00		50,500.00

SHORTFALL (The Magnet Fund) - the amount we consider for an award

d) Please calculate the grant from the Magnet Fund (shortfall) by using the calculation below for each year where appropriate.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total estimated costs (Q 4a)		34346	31778	34879		101,003
Total funding (Q 4c)		33,346	31778	34879		100,003
Shortfall (Q 4a minus Q 4c)		1,000	0	0	0	1,000

CONTRIBUTIONS ‘IN KIND’

b) This refers to any goods or services that will be contributed to the project free of charge in relation to the above. You will need to provide estimated values of theses contributions and name the contributors. Please tick the box to confirm that you have provided evidence to the value of the ‘contribution in kind’.

CONTRIBUTOR	FOR	£	✓
Age Concern	Volunteer Induction & First Aid Training	1,500	
TOTAL		1,500	

SECTION 3 SUMMARY

Please complete the summary below for all projects as identified in Section 2. The costs listed should be for the lifetime of the project.

Project Title	Total Project Cost	Partnership Funding	Shortfall	Shortfall %
Action Research Project	100,605	16945	83660	83.16
Strategic Community Service Centre	160,000	110,000	50,000	31.25
Modern Apprentices	157,549	103925	53624	34
Positive Futures	50000	40000	10,000	20
Community Physical Activity Co-ordinators	249,106	91,062	158,044	63.4
Walking the Way to Health	101,003	100,003	1,000	0.9
TOTAL	823,263	461,935	356328	43.3

